

CHARGE OF GENERATOR STATUS

MO ID # 031606	EPA ID # MOR 000008037
-------------------	---------------------------

☒ Inactive ☐ CESQG ☐ CESQG-Inactive

Initial		Date
DE	Summary Reports Filed	9/21/11
MW	Outstanding Bills Paid	9/11/11 15000 (circled)
	Missing Qtrs Zeroed Out	
GR	Status Changed in F & T	9-22-11
GR	Generator Wants To Be Notified of Change	9-22-11

1B
9-27-11



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
PO BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

GENERATOR NAME		
Ozark Mountain Technologies Inc.		
CONTACT PERSON NAME		
Alan West		
SITE STREET ADDRESS (DO NOT ENTER PO BOX NUMBER)		
109 Midland Drive		
CITY	STATE	ZIP
Cuba	MO	65453
GENERATOR EPA ID NUMBER		MISSOURI ID NUMBER
MO4000008037		031606
<small>NOTE: THE FEDERAL EPA ID AND MISSOURI GENERATOR ID NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.</small>		

NOTE: PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION (Complete Item 1 or Item 2, NOT BOTH)

1. ANNUAL	2. QUARTERLY FOR THE PERIOD ENDING	3
From 7/1 <input type="text" value="2010"/> To 6/30 <input type="text" value="2011"/>	<input type="checkbox"/> 9-30-YYYY <input type="text"/> <input type="checkbox"/> 12-31-YYYY <input type="text"/>	PAGE 1 of
(YYY)	<input type="checkbox"/> 3-31-YYYY <input type="text"/> <input type="checkbox"/> 6-30-YYYY <input type="text"/>	<input type="text" value="3"/>

SECTION B - GENERATOR IDENTIFICATION CHANGES

4. GENERATOR NAME	<input type="checkbox"/> CHANGED
5. CONTACT PERSON <input checked="" type="checkbox"/> CHANGED TELEPHONE NUMBER <input type="checkbox"/> CHANGED	
Alan West	
6. MAILING ADDRESS <input checked="" type="checkbox"/> CHANGED	CITY STATE ZIP
106 Midland Drive	Cuba MO 65453
7. PLANT SITE ADDRESS	CITY STATE ZIP
8. NAME OF PARENT FIRM	<input type="checkbox"/> CHANGED

SECTION C - STATUS OF WASTE GENERATED

9. NUMBER OF SHIPMENTS MADE. Enter the number of shipments made this reporting period. If greater than 0, complete Part II, sign certification, and transmit to the Department. If zero, check Item 10 or Item 11, whichever is appropriate.	10. REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the Department. (Do not complete Part II)	11. REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the Department. (Do not complete Part II)
<input type="text" value="1"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D - COMMENTS

10.

THIS ADDRESS NO LONGER USED BY OZARK MOUNTAIN TECHNOLOGIES INC. AS OF JULY 16, 2010.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME	SIGNATURE or AUTHORIZED PIN	DATE
GREG SMOTHERMAN SR.	3428	9/21/2011

✓

Rush, Janet

MO R000008037
031606

From: Beard, John
Sent: Monday, October 25, 2010 8:21 AM
To: Rush, Janet; Williams, Mary; Green, David
Subject: RE: Ozark Mountain Technologies

MO # 031606

They also have this ID #. These sites apparently are across the street from each other; they apparently bought out another business and have both locations. The mailing address for both ID #s should be:

106 Midland Drive
Cuba, MO 65453-1543

Thanx.

From: Beard, John
Sent: Monday, October 25, 2010 8:14 AM
To: Rush, Janet; Williams, Mary; Green, David
Subject: Ozark Mountain Technologies

MO # 033846

Just spoke w/Greg Smotherman at Ozark Mountain and their mailing and billing address should be:

106 Midland Drive
Cuba, MO 65453-1543

Thanx.

Fee & Tax Unit Chief
Budget & Planning Section

Facility address.

*106 Midland Dr
Cuba, MO*

update

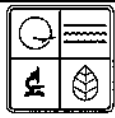
l ✓

RECEIVED

JAN 30 2009

Please print in ink or type with ELITE type (12 characters per inch) in the unshaded areas only)

All new registrations require a \$100 initial fee. Registrations without this fee will not be processed. The fee is not required if only updating information to an existing and active registration.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MO 65102
(573) 751-3176

Hazardous waste Program
MO Dept. of Natural Resources
JEFFERSON CITY, MO 65101

FORM MUST BE COMPLETE IN ITS ENTIRETY, OR IT WILL BE RETURNED.

NOTE: \$100.00 fee for new registration and reactivating registrations.

NOTIFICATION OF REGULATED WASTE ACTIVITY

I. Type of Notification

☐ A. New Notification

☐ Permanent

☐ Temporary

Effective Date of Temporary ID

ACK 2-4-09

☒ B. Subsequent Notification

EPA # M O R 0 0 0 0 0 8 0 3 7

MO # 0 3 1 6 0 6

II. Name of Installation (Business Name, Site Name or d.b.a.)

O Z A R K M O U N T A I N T E C H N O L O G I E S I N C

III. Location of Installation (Physical Address or directional description not P.O. Box or Route Number)

Street

1 0 9 M i d d l a n d

City or Town

C u b a

County Name

C r a w f o r d

IV. Installation Mailing Address (All correspondence will be sent to this address)

Street or P.O. Box

P O B o x 6 8 0

City or Town

C u b a

V. Installation Contact (Person to be contacted regarding waste activities at the site)

Name (last)

S m o t h e r m a n , S r

(first)

G r e g

Email Address

greg.smotherman@ozarkmountaintechnologies.com

Phone Number (area code and number)

5 7 3 - 8 8 5 - 3 0 1 8 4 0 2 2

Extension

VI. Ownership (Make copies of this section for multiple ownership)

A. Name of Installation's Legal Owner (Business Owner)

G r e g S m o t h e r m a n S r

Street, P.O. Box, or Route Number

P O B o x 6 8 0

City or Town

C u b a

Phone Number

5 7 3 - 8 8 5 - 3 0 1 8 4 0 2 2

Extension

B. Change of Installation Owner Indicator

☐ Yes

☒ No

Date of Change

C. Installation owner type (Mark one)

☒ Private

☐ County

☐ District

☐ Federal

☐ Indian

☐ Municipal

☐ State

☐ Hospital

☐ Other

D. Name of Property's Legal Owner

G r e g S m o t h e r m a n S r

Street, P.O. Box, or Route Number

P O B o x 6 8 0

City or Town

C u b a

Phone Number

5 7 3 - 8 8 5 - 3 0 1 8 4 0 2 2

Extension

E. Change of Property Owner Indicator

☐ Yes

☒ No

Date of Change

F. Property owner type (Mark one)

☒ Private

☐ County

☐ District

☐ Federal

☐ Indian

☐ Municipal

☐ State

☐ Hospital

☐ Other

VII. Type of Regulated Waste Activity (only mark the following sections that apply)**A. HAZARDOUS WASTE ACTIVITIES****1. Generator of Hazardous Waste (Choose only one of the following four categories.)**

- ☒ a. LQG: Greater than 1,000kg (2,200 lbs) of non-acute hazardous waste or 1kg (2.2 lbs) of acute hazardous waste in a calendar month; or
- ☐ b. SQG: Generate 100 to 1,000kg (220-2,200 lbs) of non-acute hazardous waste in a calendar month or accumulate 100kg (220 lbs) or more of hazardous waste at any one time; or
- ☐ c. CESQG: Generate less than 100kg (220 lbs) of hazardous waste in a calendar month and never accumulate 100kg (220 lbs) or more of hazardous waste at any one time.
- ☐ d. Not a Generator: Generate no hazardous waste at any time.

In addition, indicate other generator activities. (Mark all that apply)

- ☐ e. United States importer of Hazardous Waste
- ☐ f. Mixed Waste (hazardous and radioactive) Generator

For items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site). Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site). Note: A hazardous waste permit may be required for this activity.
- ☐ 5. Exempt boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. UNIVERSAL WASTE ACTIVITIES**1. Large Quantity Handler of Universal Waste (accumulate 5,000kg or more) [refer to Missouri regulations to determine what is regulated]. Indicate types of universal waste managed and/or accumulated at your site. (Mark all boxes that apply):****MANAGE**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐

- ☐ 2. Destination Facility for Universal Waste: Note: A hazardous waste permit may be required for this activity.

C. USED OIL ACTIVITIES (MARK ALL BOXES THAT APPLY.)**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

VIII. Description of Regulated Waste Activity (Use Additional Sheets if Necessary)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). For waste codes see 40 CFR 261.20 - 261.24 or 40 CFR 261.31 - 261.33. Use additional page if more spaces are needed for waste codes.

D001					
D002					
D007					
D008					
F003					
F005					

B. Waste Code for State-Regulated (i.e., non-Federal) Hazardous Waste. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use additional page if more spaces are needed for waste codes.

--	--	--	--	--	--

IX. North American Industry Classification System (NAICS) Code(s)Website at <http://www.census.gov/epcd/naics02> for NAICS code list.

A. 332813	B. 332812	C.	D.
-----------	-----------	----	----

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

CHEMICAL PROCESSING AND PAINTING AEROSPACE & DEFENSE PARTS

X. Comments**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE (ORIGINAL INK REQUIRED)	NAME AND OFFICIAL TITLE (TYPE OR PRINT)	DATE SIGNED
	GREG SMOTHERMAN SR. - PRESIDENT	1-26-09

RECEIVED
JAN 30 2009
Hazardous waste Program
MO Dept. of Natural Resources

January 23, 2009

Mr. David Green, Research Analyst
Missouri Department of Natural Resources
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176
Jefferson City, MO 65102-0176

Re: EPA ID MOR000008037, Missouri ID 031606, Ozark Mtn. Tech., Cuba

Dear Mr. Green:

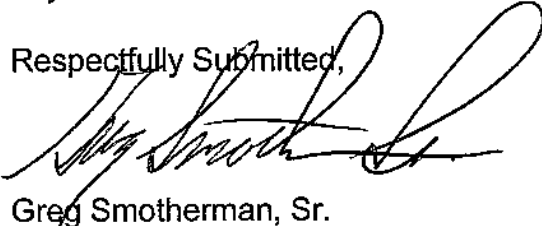
We are still in the process of moving and reassembling the Ozark Mountain Technologies' operations from 109 Midland Drive, Cuba to 106 Midland Drive, Cuba, Missouri, a larger facility across the street from our present location. We are a small quantity generator with the 109 Midland address being the registered site.

We are moving and cleaning one processing department at a time at the 109 Midland facility. On a temporary basis, three to four months, we anticipate doubling the 2200 lb/month small quantity generator production due to the effort of cleaning, moving, and modifying processes. Thus, we are submitting a Subsequent "Notification of Regulated Waste Activity" form to temporarily function as a large quantity generator. We will continue to follow the normal protocol for manifesting and shipping this waste.

This hazardous waste material is being accumulated at the registered 109 Midland site and will be shipped from this site. No hazardous material is being relocated to the new site. We will resubmit a "Notification of Regulated Waste Activity" form once we have completed the cleaning process and resume operating as a small quantity generator.

Please contact me with any questions you may have regarding this information or should you require further documentation. We invite you to visit our facility at your convenience.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Greg Smotherman, Sr.", written over the word "Submitted" in the phrase "Respectfully Submitted".

Greg Smotherman, Sr.
President/Owner

C: Terris L. Cates, Integrity Engineering
Mary Williams, DNR HW Program

ACK 4-22-03 Mo-Update

RECEIVED

Form Approved, OMB No. 2050-0028 Expires 12-31-02
GAS No. 0246-EPA-OT

Please print in ink or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

APR 17 2003

DAS ACCOUNTING

NOTE: Return completed forms and \$100 registration fee to the address above.

A \$100.00
REGISTRATION FEE IS
REQUIRED BEFORE
THIS FORM WILL BE
PROCESSED

10534-100

NOTIFICATION OF REGULATED WASTE ACTIVITY

031606

I. Type of Notification

☐ A. New Notification
☐ Permanent
☐ Temporary (Available for MO facilities only)
Effective Date of Temporary ID: _____

☒ B. Subsequent Notification

(IF SUBSEQUENT OR OUT-OF-STATE ENTER EPA ID NUMBER)

MOR0000008037

II. Name of Installation (Company or Specific Site Name)

D Z A R K M O U N T A I N T E C H N O L O G I E S I N C .

III. Location of Installation (Physical Address not P.O. Box or Route Number)

Street

1 0 9 M I D L A N D D R I V E

City or Town

C U B A

State

ZIP Code

M O 6 5 4 5 3

County Code

County Name

C R A W F O R D

IV. Installation Mailing Address (All correspondence will be sent to this address)

Street or P.O. Box

P O B O X 6 8 0

City or Town

C U B A

State

ZIP Code

M O 6 5 4 5 3

V. Installation Contact (Person to be contacted regarding waste activities at the site)

Name (last)

S M O T H E R M A N S R

(first)

G R E G

Job Title

P R E S I D E N T

Phone Number (area code and number)

5 7 3 - 8 8 5 - 3 0 1 8

Extension

VI. Ownership

A. Name of Installation's Legal Owner (Business Owner)

G R E G S M O T H E R M A N S R .

Street, P.O. Box, or Route Number

1 5 4 4 3 O L D H W Y 6 6

City or Town

S T . J A M E S

State

ZIP Code

M O 6 5 5 5 9

Phone Number

5 7 3 - 2 6 5 - 1 0 9 4

Extension

B. Change of Installation Owner Indicator

☐ Yes

☒ No

Date of Change

C. Installation owner type (circle one)

F - Federal S - State C - County D - District M - Municipal I - Native American P - Private H - Hospital O - Other

D. Name of Property's Legal Owner

C L Y D E S M O T H E R M A N

Street, P.O. Box, or Route Number

3 1 2 8 S O U T H 1 S T S T R E E T

City or Town

P A C I F I C

State

ZIP Code

M O 6 3 0 6 9

Phone Number

6 3 6 - 2 7 1 - 7 1 2 7

Extension

E. Change of Property Owner Indicator

☐ Yes

☒ No

Date of Change

F. Property owner type (circle one)

F - Federal S - State C - County D - District M - Municipal I - Native American P - Private H - Hospital O - Other

Name of Installation OZARK MTN. TECH INC	ID For Official Use Only
--	--------------------------

VII. Type of Regulated Waste Activity (only mark the following sections that apply)

A. HAZARDOUS WASTE ACTIVITIES 1. Generator (quantity generated per month or accumulated at any one time) <input type="checkbox"/> a. Greater than 1000kg (2200 lbs) <input checked="" type="checkbox"/> b. 100 - 1000kg (220 - 2,200 lbs) <input type="checkbox"/> c. Less than 100kg (220 lbs) 2. Transporter (mark only if you have or are applying for a MO transporter license) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - Specify _____ 3. Treater, Storer/Disposer (at Installation) <input type="checkbox"/> Note: A permit is required for this activity; see instructions 4. Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption <input type="checkbox"/> b. Small Quantity On-Site Burner Exemption 5. Underground Injection Control <input type="checkbox"/>	C. USED OIL MANAGEMENT ACTIVITIES 1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner 3. Off-Specification Used Oil Burner <input type="checkbox"/> 4. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
--	--

B. UNIVERSAL WASTE ACTIVITY

☐ Large Quantity Handler of Universal Waste

VIII. Description of Regulated Waste Activity (Use Additional Sheets if Necessary)

A. Characteristics of Nonlisted Hazardous Waste. Mark "X" in the boxes corresponding to the characteristics on nonlisted hazardous wastes your Installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity (D000)	List specific EPA hazardous waste codes for the Toxicity characteristic containments
------------------------	------------------------	-----------------------	-----------------------	--

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 0 0 2	✓						

B. Listed Hazardous Waste. (See 40 CFR 261.31 - 33. See instructions if you need to list more than twelve waste codes.)

1 D 0 0 7	2 D 0 0 1	3 D 0 3 5	4 F 0 0 3	5 F 0 0 5	6 D 0 0 2
7 D 0 0 8	8	9	10	11	12

C. Other Waste. (State or other waste requiring an I.D. number. See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

IX. Missouri Required Information

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)	031606	S.I.C. Code	3471
DESCRIBE PRINCIPAL BUSINESS ACTIVITY	ANODIZING ALUMINUM AND PAINTING		

X. Comments

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE <i>Ray E. Swathmore</i>	NAME AND OFFICIAL TITLE (TYPE OR PRINT) PRESIDENT	DATE SIGNED 4/14/03
--------------------------------------	--	------------------------

NOTE: MAIL THE COMPLETED FORM WITH AN ORIGINAL INK-SIGNED SIGNATURE ALONG WITH THE FEE TO THE MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM

332813

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

RECEIVED
DATE RECEIVED FOR OFFICIAL USE ONLY
JUL 01 1996
031606
HAZARDOUS WASTE PROGRAM

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

NOTE: Return completed forms to the address above.

HB 7-25-96

NOTIFICATION OF REGULATED WASTE ACTIVITY

I.	<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Identification Number
			MOR0000008037

II. Name of Installation (Include company and specific site name.)
OZARK MOUNTAIN TECHNOLOGIES INC.

III. Location of Installation (Physical address not P.O. Box or Route Number.)

Street
109 MIDLAND DR.

Street (Continued)

City or Town State ZIP Code
CUBA MO 65453 -

County Code County Name
CRAWFORD

IV. Installation Mailing Address (See Instructions.)

Street or P.O. Box
PO BOX 680

City or Town State ZIP Code
CUBA MO 65453 -

V. Installation Contact (Person to be contacted regarding waste activities at site.)

Name (last) (first)
VINEYARD DON

Job Title Phone Number (area code and number)
573-885-3018

VI. Installation Contact Address (See Instructions.)

A. Contact Address Location: ☐ Mailing: ☒ B. Street or P.O. Box

City or Town State ZIP Code

VII. Ownership (See Instructions.)

A. Name of Installation's Legal Owner
GREG SMOTHERMAN

Street, P.O. Box, or Route Number
PO BOX 680

City or Town State ZIP Code
CUBA MO 65453 -

Phone Number (area code and number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year
573-885-3018 P P Yes No

ID — For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity, see instructions.
4. Hazardous Waste/Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Refinery
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate device(s) -
- Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use Additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))

☒☐☐☐

D007

D035

D040

☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F001	2 F005	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

Greg Smotherman Pres.

DATE SIGNED

6/25/96

XI. Missouri Required Information

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)

☐

S.I.C. CODE

3471

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

Aluminum Anodizing

XII. Comments

JOHN WEBB PO BOX 680 CLWA, MO 65453
573-885-3018

Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM.

RECEIVED
AUG 09 2005

Hazardous Waste Program
MO Dept. of Natural Resources

RESPONSE FORM

031606 MOR000008037
OZARK MOUNTAIN TECHNOLOGIES INC
109 MIDLAND DR
CUBA, MO 65453

☒ Yes, we will report electronically and use the PIN listed above

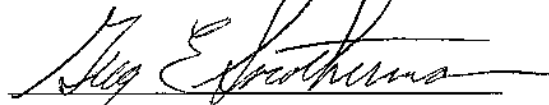
☐ Yes, we will report electronically, but wish to use the following PIN.

Note that your PIN must be four numbers (letters are not acceptable).

Please note this change on the portion of the letter you are keeping for your records.

GREG E. SMOTHERMAN

Print Name


Signature

8-5-05

Date

031606

July 7, 2008

Mr. David Green, Research Analyst
Missouri Department of Natural Resources
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176
Jefferson City, MO 65102-0176

Re: EPA ID MOR000008037, Missouri ID 031606, Ozark Mtn. Tech., Cuba

Dear Mr. Green:

We are in the process of moving and reassembling the Ozark Mountain Technologies' operations from 109 Midland Drive, Cuba to 106 Midland Drive, Cuba, Missouri, a larger facility across the street from our present location. We are a small quantity generator with the 109 Midland address being the registered site.

We easily stay below the 2200 lb/month generation quantity in normal production mode; however, during the process of cleaning, moving, and modifying processes, we have accumulated more than this quantity. We anticipate staying below the accumulated volume of 13200 lb, which is allowed for small quantity generators and having a one time shipment of this material. We will follow the normal protocol for manifesting and shipping this waste.

This hazardous waste material is being accumulated at the registered 109 Midland site and will be shipped from this site. No hazardous material is being relocated to the new site. Please note that we have attached a "Notification of Regulated Waste Activity" form for registering the new location. We will notify you once we are no longer at the present site and will issue our annual report for the 109 Midland Drive at that time.

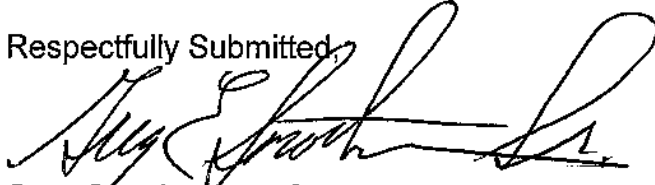
RECEIVED

JUL 09 2008

Hazardous Waste Program
MO Dept. of Natural Resources

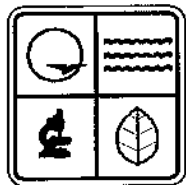
Please contact me with any questions you may have regarding this information or should you require further documentation. We invite you to visit our facility at your convenience.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Greg Smotherman, Sr.", written over a horizontal line.

Greg Smotherman, Sr.
President/Owner

C: Terris L. Cates, Integrity Engineering



MISSOURI DEPARTMENT OF NATURAL RESOURCES



DECEMBER 1, 1997

OZARK MOUNTAIN TECHNOLOGIES INC
EPA I.D. # MOR000008037
MO I.D. # 031606

REVISED CATEGORY TAX INVOICE

This tax is authorized by section 260.479 RSMo. The quarterly reports submitted by your firm are the basis for the billing.

<u>Ending Quarter Date</u>	<u>Amount of Waste Reported Subject to Tax in Subdivision A</u>	<u>Amount of Waste Reported Subject to Tax in Subdivision B</u>
09-30-96	0.0000 kkg*	0.8972 kkg*
12-31-96	0.0000 kkg*	0.2876 kkg*
03-31-97	0.0000 kkg*	0.5561 kkg*
06-30-97	0.0000 kkg*	0.5552 kkg*
TOTAL KKG*	0.0000	2.2961

Total Billed	\$23.14
Payment Received to Date	0.00
Total Category Tax Balance Due	\$23.14

FORMULAS

Tax in Subdivision A = $(\$20.00 + (\$.07 \times \text{kkg generated})) \times \text{kkg generated}$

Tax in Subdivision B = $(\$10.00 + (\$.035 \times \text{kkg generated})) \times \text{kkg generated}$

Note: The balance due does not reflect hazardous waste not reported to the department.

Should you feel the amount is incorrect, or the tax is not applicable to your firm, you must respond within 30 days from the date of this bill. Accounts remaining unresolved will be considered to be in violation of the Missouri Hazardous Waste Law and subject to appropriate remedies.

Questions should be referred to Ms. Alisha Rychnovsky at (573) 751-3176. Mail inquiries should be directed to the Hazardous Waste Program, P.O. Box 176, Jefferson City, MO 65102.

Please make checks payable to the Missouri Department of Natural Resources and mail to Hazardous Waste Program, P.O. Box 477, Jefferson City, MO 65102.

* CONVERSION FACTORS TO kkg

lbs x 0.0004536 = kkg or metric tons
gallons x 0.003785 x specific gravity** = kkg or metric tons
tons x 0.9072 = kkg or metric tons

**specific gravity of water = 1.0

Department of Natural Resources
Division of Environmental Quality

1. Key Identifier		(Leave Blank)		0311006	
2. Facility ID, Permit Number or Other Identifier		MOR 000008037			
3. Facility or Site (Name and Physical Address)		Ozark Mountain Technologies Inc. 109 Midland Dr. Cuba Mo 65453			
4. Data Owner		(1) DEQ/ADM (2) APCP (3) ESP (4) HWP (5) LRP (6) PDWP (7) SWCP (8) SWMP (9) TAP (10) WPCP Other:			
5. Unit of Measurement		Degrees, Minutes, Seconds; <u>Decimal Degrees</u> or UTM (Round to nearest Meter)			
Latitude		38.05195		Longitude 091.39412	
Easting		Meters		Northing Meters Zone 15 or 16	
6. Method of Determining Location (Indicate the method used to determine the locational data.)					
Address Matching (Geocoding)		Code		Differential Post Processing G3	
Block/Group		A2		Precise Positioning Service G4	
Digitization		A6		Signal Averaging <u>G5</u>	
Nearest Street Intersection		A4		Real Time Differential Processing G6	
Other Address Matching		A0		Interpolation	
Primary Street Name		A5		Aerial Photograph I2	
Street Centerline		A3		Topo Map I1	
Zip Code Centroid (Center)		Z1		Satellite Imagery I3	
Census - 1990				Other Interpolation I0	
Block Centroid (Center)		C1		Other	
Block/Group Centroid		C2		Classic Survey S1	
Block/Track Centroid		C3		Land Survey P1	
Other Centroid		C0		Loran C Code L1	
Global Positioning System				Quarter Section Description S2	
Static Mode		<u>G1</u>		Unknown UN	
Kinematic Mode (Dynamic)		G2			
7. Make & Model of GPS Receiver (if Applicable)		Garmin 12XL			
8. Locational Data Accuracy		+/- _____ meters or +/- <u>35.7</u> feet			
9. Type of Locational Data Represented		<u>Point</u> Line; or Area			
10. Horizontal Datum (Indicate the horizontal datum used to locate the collection site feature.)					
(1) NAD27, <u>(2) NAD83</u> , (3) WGS84, (U) Unknown Other:					

Locational Data Collection Sheet

Department of Natural Resources

Division of Environmental Quality

11. Collection Site Feature (Mark the feature where the locational data was collected. If needed, use **12. Descriptive Comments** to provide more detail. Provide enough information so someone could return to the collection site feature.)

Collection Site Feature	Code		
Bridge	BR	Northeast Corner of the Facility or Site	NE
Building	BL	Northwest Corner of the Facility or Site	NW
Center of Facility or Site	CF	Pile	PL
Described by Descriptive Comment Field	DC	Pipe (Outfall, Intake, Point of Connection, Break, etc.)	OP
Described by Site Name	DS	Rail Road	RR
Equipment Point of Use	EU	Road	RD
Intersection (Road, Pipe, Street, etc.)	IN	Southeast Corner of the Facility or Site	SE
Lagoon or Pond	LS	Southwest Corner of the Facility or Site	SW
Loading Facility or Dock	LD	Stack	AS
Main Access Point (Entrance, Gate, etc.)	MG	Tank, Standpipe, Tower	TK
Main Office	MA	Vent	AV
Missouri Land Survey Monument	MM	Well	WL
Monitoring Station	AM	Unknown	UN
		Other (use Collection Site Descriptive Comments below)	OT

12. Collection Site Descriptive Comments (If needed, further describe the feature represented by the **Collection Site Feature**. For example, an outfall at the east end of pipe 12; or started at the NW corner, went clockwise around the site, recorded 27 points and ended back at the starting point.)

13. Source of Locational Data

Description	Code	SWRO	D3	LRP	N1	EPA Headquarters	HQ
Citizen	CT	KCRO	D4	PDWP	N2	Private Sector	PV
Contractor	CR	NERO	D5	SWCP	N3	Regulated Entity	RE
Dun & Bradstreet	DB	SLRO	D6	SWMP	N4	Tribe	TR
EPA, Region 7	R7	APCP	D7	TAP	N5	Unknown	UN
JCRO	D1	ESP	D8	WPCP	N6	Other _____	
SERO	D2	HWP	D9	DEQ/Adm	N7		

14. Source Scale Used to Determine the Latitude and Longitude

Scale: 1:24,000; 1:100,000; Other _____; or Unknown

15. Your Name
(Please Print)

Keith Schulte

Your Phone

(573) 751-2729

Date Collected

6/28/99

Enforcement
File



Jeremiah W. (Jay) Nixon, Governor • Sara Parker Pauley, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

MEMORANDUM

DATE: June 28, 2012

TO: Maureen LeRoy, Administrative Specialist
Hazardous Waste Program
Compliance/Enforcement Section

THRU: Jackson L. Bostic, Regional Director
Southeast Regional Office

THRU: Amy S. Baker, Hazardous Waste Unit Chief
Southeast Regional Office

FROM: Albert R. Wampler, Environmental Engineer II
Southeast Regional Office

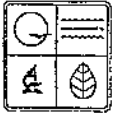
SUBJECT: Ozark Mountain Technologies, Inc. (109 Midland)

Attached is the report on the inspection of Ozark Mountain Technologies, Inc. located in Cuba, Missouri. The facility was found to have ceased operations at this site. It has been determined that the facility was a large quantity generator.

ARW/lm

Attachments





MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
LARGE QUANTITY GENERATOR INSPECTION CHECKLIST

L

FOR FACILITIES THAT GENERATE/ACCUMULATE > 1,000 Kg (2,200 lbs, OR APPROXIMATELY FIVE DRUMS > 2.2lbs OF ACUTELY HAZARDOUS WASTE)

NAME OZARK MOUNTAIN TECHNOLOGIES, INC.		DATE JUNE 18, 2012		EPA ID NUMBER MOA 000008037	
ADDRESS 109 MIDLAND DR		RESOURCE RECOVERY NUMBER NA	MO ID NUMBER 031606	TELEPHONE NUMBER WITH AREA CODE	
CITY CUBA	COUNTY CRAWFORD	ZIP CODE 65453	YEARS AT SITE	NUMBER OF EMPLOYEES (573) 885-3018	
DATE OF LAST INSPECTION		REGION SOUTHEAST		TRACKING NUMBER	
PRIMARY CONTACT NAME			PRIMARY CONTACT TITLE		
SECONDARY CONTACT NAME			SECONDARY CONTACT TITLE		

APPLICABILITY

USED OIL GENERATOR ATTACHMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	RESOURCE RECOVERY ATTACHMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBPART <input type="checkbox"/> AA <input type="checkbox"/> BB <input type="checkbox"/> CC
TANK ATTACHMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	UNIVERSAL WASTE ATTACHMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO EXPLAIN EXEMPTIONS BELOW

DESCRIPTION OF THE FACILITY'S OPERATION AND PLANT

FACILITY IS NO LONGER CONDUCTING
BUSINESS AT THIS SITE

WASTE STREAMS

DESCRIBE EACH WASTE STREAM GENERATED (INCLUDING THE PRODUCTION PROCESS)	GENERATION RATE	EPA WASTE CODES	DISPOSITION
1.			
2.			
3.			
4.			
5.			
6.			

ADDENDUM

LOCATIONAL DATA

UTM EASTING

0644367

UTM NORTHING

4204616

HORIZONTAL COLLECTION METHOD

ESTIMATED POSITION ERROR

OR

POOP

REFERENCE POINT

COORDINATE DATA SOURCE

ADDITIONAL COMMENTS

IMAGE 1

IMAGE 2

Notification And Waste Stream Information

Epa ID MOR000008037 Missouri ID 031606 State Status Inactive

Date EPA Id Issued 07/01/1996

Notification Update Received: 09/22/2011

Record Add/Changed: 09/22/2011

Company Name OZARK MOUNTAIN TECHNOLOGIES INC

Facility Address 109 MIDLAND DR

CUBA, MO 65453-1544

County CRAWFORD

EASTING: 645320.613

NORTHING: 4212943.806

Latitude Decimal Format 38.052580 Longitude Decimal Format -91.34369

Method Of Collection G1

Collection Site MG

Mailing Address 106 MIDLAND DR

CUBA, MO 65453-1543

Contact Person/Position ALAN WEST

Phone Number (573) 885-3018

Facility Owner GREG SMOTHERMAN SR

Facility's Owner Address PO BOX 680

CUBA, MO 65453

Owner's Phone Number (573) 885-3018 Owner Type Private

Property Owner's Name GREG SMOTHERMAN SR

Property Owner's Address PO BOX 680

CUBA, MO 65453

Property Owner's Phone Number (573) 885-3018 Property Owner Type Private

NAICS Code(s)

332813

☐ TSD Facility TSD Identification Number:

RCRA Identification Number:

☐ Generator/Facility Information is Confidential

☐ Large Quantity Handler Of Universal Waste

Registered EPA Hazardous Waste Numbers

D001	D002	D007	D008
D035	D040	F001	F003
F005			

Notification And Waste Stream Information

Ozark Mountain Technologies
106 Midland Drive
Cuba, Missouri 65453

CERTIFIED MAIL™



7011 2970 0002 1838 3109



1000



65102

**RETURN RECEIPT
REQUESTED**

U.S. POSTAGE
PAID
CUBA, MO
65453
MAY 08, 12
AMOUNT

\$6.35

00043943-04

DENNIS HANSEN
HAZ WASTE ENFORCEMENT
PO Box 174
JEFFERSON CITY, MO 65102

Ozark Mountain Technologies, LLC

106 Midland Drive

Cuba MO 65453

May 3, 2012

Missouri Department of Natural Resources

Hazardous Waste Program

Attn: Dennis Hansen

Chief, Hazardous Waste Enforcement Unit

PO Box 176

Jefferson City MO 65102



Dear Mr. Hansen,

This letter responds to Letter of Warning 11-SE-039 dated April 19, 2012 and received by us April 25, 2012. Documentation supporting our response to each unsatisfactory feature is attached.

1. An updated Hazardous Waste Activity form was mailed April 23, 2012 to Mr. David Green of the Missouri DNR hazardous waste program in Jefferson City. DNR accepted the form and wrote a confirmation letter dated April 26, 2012.
2. Our letter did not include an item number 2.
3. A separate form has been created and is being used and retained to document daily inspections of areas subject to spills. Please note that Mr. Wampler was shown Ozark Mountain Technologies form OMF-00-640S "SWPP Hazardous Waste Daily Walk Thru". This form is used daily to inspect stormwater and waste handling areas. Our records of this activity were inspected By Mr. Tim Bull of the DNR Rolla satellite office during an environmental compliance inspection November 15, 2011.

4. Satellite containers are being marked with contents and beginning date. This action began April 12, 2012.
5. Our contingency plan was updated April 27, 2012 to include home addresses in addition to the other required information that was present.
6. The emergency equipment list was updated April 27, 2012 to include descriptions, location and capabilities.
7. All containers of used lamps were clearly marked as "Used Lamps" April 12, 2012 and all future containers will be clearly and properly packaged and marked.

Respectfully,

A handwritten signature in black ink, appearing to read "Greg E. Smotherman, Sr.", with a stylized, cursive script.

Greg E. Smotherman, Sr.

President

Cc: Jackie D. Baker

Environmental Section Chief

Missouri Department of Natural Resources

Southeast Regional Office

2155 N. Westwood

Poplar Bluff MO 63901

RESOURCE CONSERVATION AND RECOVERY ACT
AND
MISSOURI HAZARDOUS WASTE MANAGEMENT LAW
COMPLIANCE EVALUATION INSPECTION REPORT

FACILITY

Ozark Mountain Technologies Inc.
106 Midland Drive
Cuba, MO 65453
(573) 885-3018

EPA ID: MOR000019893
MO Generator ID: 033846

PARTICIPANTS

MO Department of Natural Resources

Albert R Wampler
Environmental Engineer II
Madison County Satellite Office

Ozark Mountain Technologies Inc.

Mr. Greg Smotherman Sr.
Facility President

Mr. Alan West
Safety

Mr. Stephen Wood
Laboratory Supervisor

INTRODUCTION

On April 11, 2012, Albert R. Wampler, Environmental Engineer with the Department of Natural Resources, Madison County Satellite Office, conducted an inspection of the Ozark Mountain Technologies Inc. facility located at 106 Midland Drive in Cuba, Missouri. The inspection was conducted to determine compliance of the facility with the Resource Conservation and Recovery Act, the Missouri Hazardous Waste Management Law, and applicable state and federal regulations promulgated there under. Authority to conduct such inspections has been granted under Section 260.375 (9) and 260.377 RSMo.

Appropriate credentials were presented and an explanation given as to the purpose of and authority to conduct the inspection. Facility representatives were informed of the right to confidentiality. The inspection consisted of an opening conference, records review, a visual facility inspection and a closing conference.

FACILITY DESCRIPTION

Ozark Mountain Technologies Inc. is a chemical metal finishing facility. Processes include anodizing, cleaning, painting, alloydizing aluminum and etching of the various metal.

Waste is generated from treatment tank cleaning consisting of sludge. Most work is for the airline industry and The Department of Defense.

Waste streams are classified as follows:

1. RQ waste paint related material 3 UN 1263 PG II (sludge paint) (D001) (F005).
2. RQ waste solids containing flammable liquid n.o.s. (methyl ethyl ketone) UN 3175 4.01 PG II.
3. RQ waste solids containing flammable liquids 4.1 UN 3175 PG II (pucks).
4. RQ hazardous waste solids n.o.s. 9 PG III (sand blast media).
5. RQ hazardous waste solid n.o.s. (chromium, lead) NA 3077 9 PG III.
6. Non-regulated material (powder & nickel acetate).
7. Non-regulated material (rust, scale, dust).

Waste water is treated prior to disposal to the city of Cuba's sewer system.
See attachment 1 (quarterly report).

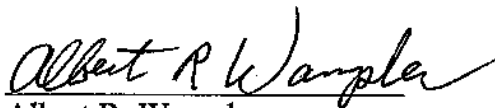
Unsatisfactory Features

The following unsatisfactory features list the regulatory or statutory provisions which Ozark Mountain Technologies Inc. was in violation of at the time of the inspection. All 40 CFR (Code of Federal Regulations) citations have been adopted by reference in the Missouri Hazardous Waste Management Law and Regulations.

1. Failure to send to the Department of Natural Resources and updated notification of Hazardous Waste Activity form.
10 CSR 25-5.262 (2) 3.B.

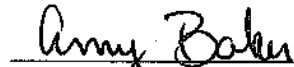
3. Failure to inspect and maintain facility daily in areas subject to spills (i.e. waste handling areas).
10 CSR 25-5.262 (2) (C) 2. C. (II).
4. Failure to mark satellite containers identifying contents and beginning date.
10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (c) (1) (ii) as modified by 10 CSR 25-5.262 (2) (C) 3.
5. Failure to list names, addresses and phone numbers (home and office) of emergency coordinators.
10 CSR25-5.262 (1) incorporating 40 CFR 262.34 (a) (4) referencing 40 CFR 265.52 (d).
6. Failure to list emergency equipment including description, location and capabilities.
10 CSR 25-5.262 incorporating 40 CFR 262.34 (a) (4) referencing 40 CFR 265.52 (e).
7. Failure to package, mark or label used lamps clearly as "Universal Waste Lamps" or "Waste Lamp(s)" or "Used Lamp(s)".
10 CSR 25-16.273 (1) incorporating 40 CFR 273.14 (e).

Submitted By

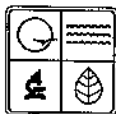


Albert R. Wampler
Environmental Engineer II

Approved By



Amy S. Baker
Unit Chief HWP/APCP



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
NOTIFICATION OF REGULATED WASTE ACTIVITY

All new and reactivating registrations require a \$100 initial fee. Registrations without this fee will not be processed. The fee is not required if only updating information to an existing and active registration. **Form must be completed in its entirety, or it will be returned.** Instructions are at the end of this form. Completed form should be sent to

Hazardous Waste Program
P.O. Box 176
Jefferson City, MO 65102 - 0176
573-751-3176

or Hazardous Waste Program
1730 East Elm Street
Jefferson City, MO 65101-4130

I. TYPE OF NOTIFICATION

☐ A. NEW NOTIFICATION

EPA ID NUMBER

033846

☒ B. SUBSEQUENT NOTIFICATION

MISSOURI ID NUMBER

MOR000019893

II. NAME OF INSTALLATION (BUSINESS NAME, SITE NAME OR D.B.A.)

OZARK MOUNTAIN TECHNOLOGIES, LLC

III. LOCATION OF INSTALLATION (PHYSICAL ADDRESS)

STREET
106 MIDLAND DRIVE

CITY
CUBA

STATE
MO

ZIP CODE + 4
65453

COUNTY NAME
CRAWFORD

IV. INSTALLATION MAILING ADDRESS

STREET
SAME

CITY

STATE

ZIP CODE + 4

A. Billing Address (Fill this section out for a separate billing address. If left blank, fee invoices will be sent to mailing address)

STREET

CITY

STATE

ZIP CODE + 4

V. INSTALLATION CONTACT

FIRST NAME

ALAN

LAST NAME

WEST

TITLE

SAFETY COORDINATOR

E-MAIL ADDRESS

awest@ozarkmountaintechnologies.com

TELEPHONE NUMBER WITH AREA CODE

573-885-3018

EXTENSION

4029

VI. OWNERSHIP

Note: Make copies of this section for multiple ownership.

A. NAME OF INSTALLATION'S LEGAL OWNER

GREG E. SMOTHERMAN SR.

STREET, P.O. BOX OR ROUTE NUMBER

106 MIDLAND DRIVE

CITY

CUBA

STATE
MO

ZIP CODE + 4
65453

TELEPHONE NUMBER WITH AREA CODE

573-885-3018

EXTENSION

4022

E. CHANGE OF INSTALLATION OWNER INDICATOR

☐ YES ☒ NO DATE OF CHANGE:

C. INSTALLATION OWNER TYPE - MARK ONE

☒ PRIVATE ☐ COUNTY ☐ DISTRICT ☐ FEDERAL ☐ TRIBAL ☐ MUNICIPAL ☐ STATE ☐ HOSPITAL ☐ OTHER

D. NAME OF PROPERTY'S LEGAL OWNER

GREG E. SMOTHERMAN SR.

STREET, P.O. BOX OR ROUTE NUMBER

106 MIDLAND DRIVE

CITY

CUBA

STATE
MO

ZIP CODE + 4
65453

TELEPHONE NUMBER WITH AREA CODE

573-885-3018

EXTENSION

4022

E. CHANGE OF PROPERTY OWNER

☐ YES ☒ NO DATE OF CHANGE:

F. PROPERTY OWNER TYPE (MARK ONE)

☒ PRIVATE ☐ COUNTY ☐ DISTRICT ☐ FEDERAL ☐ TRIBAL ☐ MUNICIPAL ☐ STATE ☐ HOSPITAL ☐ OTHER

MO 780-1164 (12-11)

VII. TYPE OF REGULATED WASTE ACTIVITY (ONLY MARK THE FOLLOWING SECTIONS THAT APPLY)

A. Hazardous Waste Activities

1. Generator of hazardous waste (Choose only one of the following four categories.)

- ☒ a. LQG: Greater than 1,000kg (2,220 lbs.) of non-acute hazardous waste or 1kg (2.2 lbs.) of acute hazardous waste in a calendar month.
- ☐ b. SQG: Generate 100 to 1,000kg (220-2,220 lbs.) of non-acute hazardous waste at any one time.
- ☐ c. CESQG: Generate less than 100kg (220 lbs.) of hazardous waste in a calendar month and never accumulate 100kg (220 lbs.) or more of hazardous waste at any one time.
- ☐ d. Not a generator. Generate no hazardous waste at any time.

In addition, indicate other generator activities.

- ☐ e. United States importer of hazardous waste.
- ☐ f. Mixed waste (hazardous and radioactive) generator.

For items 2 through 5, check all boxes that apply.

- ☐ 2. Transporter of hazardous waste.
- ☐ a. Transporter.
- ☐ b. Transfer Facility (at your site).
- ☐ 3. Treater, storer or disposer of hazardous waste (at your site).
- Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of hazardous waste (at your site).
- Note: A hazardous waste permit may be required for this activity.
- ☐ 5. Exempt boiler or industrial furnace.
- ☐ a. Small quantity on-site burner exemption.
- ☐ b. Smelting, melting and refining furnace exemption.
- ☐ 6. Underground injection control.
- ☐ 7. Receives hazardous waste from off-site.

B. Universal Waste Activities

1. Large quantity handler of universal waste (accumulate 5,000kg or more). [Refer to Missouri regulations to determine what is regulated.] Indicate types of universal waste managed or accumulated at your site. Check all boxes that apply.

- | | |
|----------------|-------------------------------------|
| | MANAGE |
| a. Batteries | <input type="checkbox"/> |
| b. Lamps | <input checked="" type="checkbox"/> |
| c. Pesticides | <input type="checkbox"/> |
| d. Thermostats | <input type="checkbox"/> |

2. Destination facility for universal waste. Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Check all boxes that apply)

1. Used oil transporter -- Indicate type(s) of activity(ies).

- ☐ a. Transporter
- ☐ b. Transfer facility

2. Used oil processor or re-refiner -- Indicate type(s) of activity(ies).

- ☐ a. Processor
- ☐ b. Re-refiner

3. Off-specification used oil burner

4. Used oil fuel marketer -- Indicate type(s) of activity(ies).

- ☐ a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner.
- ☐ b. Marketer who first claims the used oil meets the specifications.

VIII. DESCRIPTION OF REGULATED WASTE ACTIVITY (USE ADDITIONAL SHEETS IF NECESSARY)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). For waste codes see 40 CFR 261.20 - 261.24 or 40 CFR 261.31 - 261.33. Use additional page if more spaces are needed for waste codes.

D001	D002	D007	D008	F005		

B. Waste Code for State-Regulated (e.g., non-Federal) Hazardous Waste. List the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use additional page if more spaces are needed for waste codes.

--	--	--	--	--	--	--

IX. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS CODE(S))

Visit www.census.gov/eos/www/naics for NAICS code list.

A. 332813	B.	C.	D.
--------------	----	----	----

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

ELECTROPLATING, PLATING, ANODIZING, PAINTING

X. COMMENTS

XI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE (ORIGINAL INK REQUIRED)

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

DATE SIGNED

GREG E. SMOTHERMAN, SR. PRESIDENT

04/23/2012

OZARK MOUNTAIN TECHNOLOGIES, INC.
SWPP HAZARDOUS WASTE
DAILY WALK-THRU

[illegible]

Ozark Mountain Technologies, Inc.
Monthly BMP SWPP Checks

[illegible]

[illegible]

OZARK MOUNTAIN TECHNOLOGIES

HAZARDOUS WASTE PROGRAM

WEEKLY STORAGE AND CONTAINERS INSPECTION

MO DNR Large Quantity Generator Inspection Checklist Item B16 referencing 40 CFR 265.174

[illegible]

169-8198 HOCKEY PUCKS

Begin Fill 2/13/12

HAZARDOUS WASTE

STATE AND FEDERAL LAW PROHIBITS IMPROPER DISPOSAL
OF HAZARDOUS WASTE. CONTACT THE RELEVANT POLICE OR PUBLIC SAFETY AUTHORITY OR
THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

REGULATOR INFORMATION
COLUMBIA UNIVERSITY
100 UNIVERSITY DRIVE
NEW YORK, NY 10027

DATE 2/13/12

PKG NO.

MANIFEST TRACKING NO.

REGISTRATION START DATE

END DATE

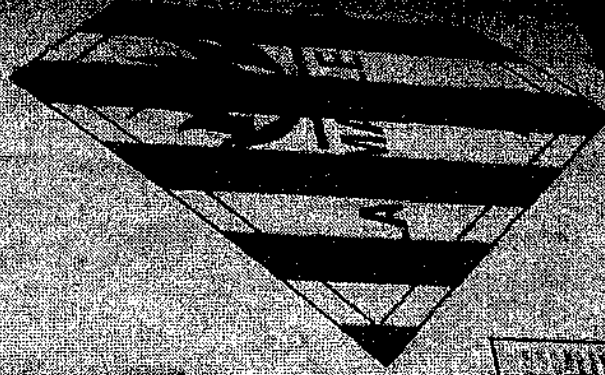
MOB000019883

DOT ID

U.S. DOT Description: UN1975 WASTE SOLIDS CONTAINING
FLAMMABLE LIQUID INCS. METHYLENE CHLORIDE 4.1, U. RQ

HANDLE WITH CARE !

AES#MG



AES#MGT-30471

159-8200 PAINT FILTERS AND

DEBRIS

HAZARDOUS WASTE

FOR THE PROPER DISPOSITION OF HAZARDOUS WASTE, CONTACT THE PUBLIC SAFETY AGENCY OR THE ENVIRONMENTAL PROTECTION AGENCY

Begin Fall

5-1-12

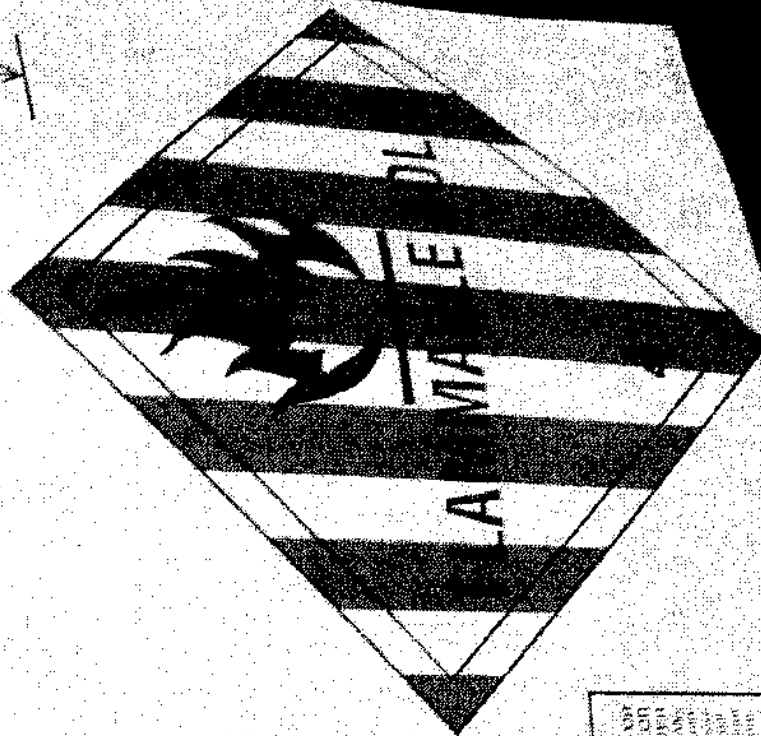
CHRYSLER CREDIT CORPORATION

DO NOT
OVERFILL

OVER

LEAVE 3" - 6"
HEADSPACE

HEADSPACE



DANGER

[illegible]



Contingency Plan

TABLE 1-1

Incident Commanders

Primary Incident Commander
Alan West
Safety Coordinator
802 Orchard Drive
Rolla MO 65401
Office Telephone : 573-885-3018 ext.4029
Cell: 573-202-5932

Alternate Incident Commander
Stephen Wood,
Senior Lab Supervisor
402 N Springfield Cuba MO 65453
Office Telephone :
573-885-3018 ext.4033/4038
Cell: 573-205-8889

TABLE 1-2

Hazardous Materials Emergency Response Team and Coordinators

Alan West

Safety Coordinator
Incident
Commander
Emergency
Coordinator
Security
Officer
First Aid Responder
Hazardous Materials Technician
Hazwoper Certified

Stephen Wood

Senior Lab Supervisor
Incident Commander
(Secondary)
Emergency
Coordinator
Security Officer
Hazardous Materials Technician



Table 1-4 Spill Supplies

The Safety Coordinator and/or OMT maintains needed supplies.

Description	Location(s)	Capability
1. Tychem suits	Both labs; S&T office	Protection against all chemicals and acids at OMT at all strengths
2. Spill response drum	Entrance to wastewater rooms	All spills and chemical incidents
3. Chemical absorbent	Hall by custodian's office	All chemicals, paints, liquids
4. 20 gallon spill kits	Throughout plant	All chemicals, paints, liquids
5. Barricade tape-rolls	Spill response drum ; S&T office	All spills and chemical incidents
6. Mop bucket with mop/wringer	Custodian's office	Final cleaning after using other spill pillows/towels/absorbents
7. Plastic spill squeegee	S&T office	Final cleanup
8. Spark resistant shovel	Spill response drum	All paints and oils
9. Extra spill pillows	S&T office	All paints, oils, liquids
10. Extra spill towels	Shop; S&T office	All paints, oils, liquids
11. Portable spill response kits	S&T office	All spills, chemical incidents
12. Disposal bags	S&T office; spill drum	All spills, chemical incidents
13. Broom, dust pan	Shop, lab, custodian	For absorbents
14. Gloves	Spill kits, supply clerk	All spills, chemical incidents
15. Drum pump-plastic	Wastewater; lab	Antifoam, chemicals



Table 1-4 **Spill Supplies** continued

Description	Location(s)	Capability
16. Drum pump-metal	Oil storage	Oils, maintenance chemicals
17. Drum pump-metal	Bond room	MEK
18. 55 gallon drums-		
Steel and plastic	Bond room	Spill clean up materials and liquids
19. 250 gallon totes	Lab	Hold all recovered spills
20. Non-sparking bung wrench	Labs, paint mix	Open all drums
21. FM-approved drum funnel	Paint mix	Safe drum filling-all solutions
22. 4-drum pallets-66 gal.	Chemical storage	Hold recovered spill drums
23. Respirator with cartridge	Labs, supply clerk	All paint and chemical vapors
24. Chemical resistant boots	Affected personnel	All spills and chemical incidents
25. Tyvex suits	Spill drum, S&T office	Spills, paints, liquids
26. Gloves	Labs, drums, supply clerk	All spills
27. Air Horns	S&T office	Emergency alerts
28. 2-way radios	S&T office	Alerts and emergency incident control



INTEGRITY ENGINEERING, INC.

ENGINEERING • ARCHITECTURE • LAND SURVEYING

HWP/Enforcement
Ozark Mountain Technologies LLC
MOR000008307

Cuba



April 19, 2012

Mr. Tom Judge, Environmental Specialist III
Missouri Department of Natural Resources
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176
Jefferson City, MO 65102-0176

Re: EPA ID MOR000008037, Missouri ID 031606, Ozark Mountain
Technologies, Name Change

Dear Mr. Judge:

We are writing to inform you that our client's name, Ozark Mountain
Technologies, Inc., has been changed to Ozark Mountain Technologies, LLC.
Please change the name in the Large Quantity Generator files and any future
correspondence.

Should you have any questions regarding this matter, feel free to contact our
office.

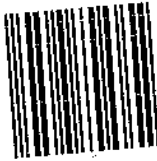
Respectfully,

Terris L. Cates, PE, PLS
Principal

C: Greg Smotherman, President, Ozark Mountain Technologies, LLC



0000



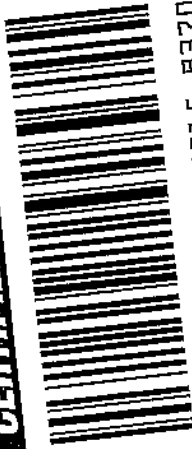
65102

U.S. POSTAGE
PAID
CUBA, MO
65453
JAN 31, 05
AMOUNT

\$4.65

00048674-02

CERTIFIED MAIL™



7002 3150 0001 9515 9370

Mr. Keith Byraba

Harjandas Wastu Enjournment

P.O. Box 176

Jefferson City, MO. 65102

**OZARK MOUNTAIN
TECHNOLOGIES INC.**



109 Midland Dr.
P.O. Box 680
Cuba, MO 65453

**RETURN RECEIPT
REQUESTED**

FEB 02 2005

Hazardous Waste Program
MO Dept. of Natural Resources



109 Midland Dr. • P.O. Box 680 • Cuba, MO 65453 • 1-800-413-0011 • FAX (573) 885-3029

January 27, 2005

Mr. Keith Bertels
Hazardous Waste Enforcement Unit
P.O. Box 176
Jefferson City, Missouri 65102

Dear Mr. Bertels:

On December 10, 2004 Mr. Albert Wampler of the Missouri Department of Natural Resources, Southeast Regional Office conducted an inspection at Ozark Mountain Technologies, Inc. located in Cuba, Missouri. The Audit/Inspection conducted by Mr. Wampler revealed several nonconformances to the Missouri Hazardous Waste Management Law and Regulations.

Findings and subsequent Corrective Actions to the nonconformance's at Ozark Mountain Technologies are listed below.

1. Failure to have waste packaged/labeled/marked per DOT during entire on site storage period. 10 CSR 25-5.262 (2) (C) 1. One 55 gallon drum of waste in the primary storage area was not labeled with all requirements beginning date, waste codes, etc.

Corrective Action: Within a 24 hour period from the end of the Inspection additional Hazardous Material labeling was obtained and attached to the 55 gallon drum considered to be in violation.

Ozark Mountain Technologies obtained a substantial inventory of Hazardous Waste Labels to keep in-house to eliminate the possibility of depleting our supply of labels in the future. All Containers in the primary storage area were audited by Ozark Mountain Technologies Management Team along with Lab personnel. All Hazardous Material Containers were found to be within compliance.

2. Failure to mark date of accumulation on container of Hazardous Waste. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (4) referencing 40 CFR 262.34 (a) (2). One (1) drum did not have start accumulating date.

Corrective Action: Within a 24 hour period from the end of the inspection the start accumulation date was attached to the drum that was in violation. All other containers within the primary storage area were audited by the Ozark Mountain Technologies Management Team along with Lab personnel. All Hazardous Material Containers were found to be within compliance.

3. Failure to clearly mark containers holding hazardous waste as "Hazardous Waste". 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (4) referencing 40 CFR 262.34 (a) (3). One 55 gallon drum not marked as hazardous waste.

Corrective Action: Within a 24 hour period from the end of the inspection additional Hazardous Material labeling was obtained and attached to the 55 gallon drum considered to be in violation. Ozark Mountain Technologies obtained a substantial inventory of Hazardous Waste Labels to keep in-house to eliminate the possibility of depleting our supply of labels in the future. All Containers in the primary storage area were audited by Ozark Mountain Technologies Management Team along with Lab personnel. All Hazardous Material Containers were found to be within compliance.

4. Failure to have containers of hazardous waste in satellite area marked Identifying contents and beginning date. 10 CSR 25-5.262 (1) Incorporating 40 CFR 262.34 (c) (1) (ii) as modified by 10 CSR 25-5.262 (2) (C) 3. One drum of paint cleaning waste by the paint booths and one drum of still bottoms from the distillation unit were not marked with identifying contents and beginning date of accumulation.

Corrective Action: Immediately after the conclusion of the inspection/ audit containers located in the satellite area described in finding #4 were correctly labeled with type of contents and beginning date of accumulation. Lab and Paint personnel have been re-instructed in the proper procedure of marking containers in satellite area and primary storage areas, ref OMT Standard Operating Procedure OMT 1004 Rev Orig Dated 1/27/04. This Procedure has been placed on the OMT Server in the shared files for review at any time from any work station within the facility.

5. Failure to have adequate and proper spill control, decontamination, and safety equipment available (fire blankets, respirators, SCBA, absorbents, etc.). 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (4) referencing 40 CFR 265.32 as amended by 10 CSR 25-5.262 (2) © 2.G.

Corrective Action: Within 24 hours after the conclusion of the inspection / audit adequate safety and spill control equipment was put into place in the primary storage area and the satellite area located in the paint booth area. This equipment consisted of the a new barrel label "Emergency Spill Control", this barrel has a safety lid and ring. The noted barrel contains a considerable amount of absorbent with a scoop to distribute the absorbent as needed, and also contains a supply of pig tail oil socks to aid in controlling spills.

6. Failure to post the emergency coordinator's name and phone number near a telephone. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (5) (ii) (C).

Corrective Action: The Emergency Contact List was revised and posted throughout the facility in various locations. Contact List includes the Police Dept, Fire Dept, Ambulance Service, DNR, EPA, and all phone numbers to contact all members of management, Lab Technicians and Maintenance personnel. Locations include Primary Chemical Storage Area, Lab, Phone adjacent to the Satellite Storage Area, Phone at Receiving Inspection, MSDS Station, Employee Break room, Time Clock, and the phone at every Manager's workstation.

7. Failure to post telephone number of the fire department near a telephone. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (5) (ii) (C).

Corrective Action: The Emergency Contact List was revised and posted throughout the facility in various locations. Contact List includes the Police Dept, Fire Dept, Ambulance Service, DNR, EPA, and all phone numbers to contact all members of management, Lab Technicians and Maintenance personnel. Locations include Primary Chemical Storage Area, Lab, Phone adjacent to the Satellite Storage Area, Phone at Receiving Inspection, MSDS Station, Employee Break room, Time Clock, and the phone at every Manager's workstation.

8. Failure to post location of fire extinguishers and spill control equipment near a telephone. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (5) (ii) (B).

Corrective Action: Plant Layout Diagrams have been posted in each area adjacent to the phone showing locations of fire extinguishers and spill control and also at the MSDS Station.

9. Failure to have a device in the hazardous waste operation area Capable of summoning emergency assistance should the need arise. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (4) referencing 40 CFR 265.34 (a).

Corrective Action: Within 24 hours of the conclusion of the Inspection/audit a new sounding horn was installed in the Primary Chemical Storage Area. Also, an additional sounding horn is in storage in the Lab for quick replacement should the need arise.

10. Failure to label/mark clearly containers/above ground tanks holding used oil as "Used Oil". 10 CSR 25-11.279 (1) incorporating 40 CFR 279.22 (c) (1).

Corrective Action: Within 24 hours of the conclusion of the Inspection/audit all barrels used for above ground storage of used Oil was permanently marked by stenciling "USED OIL".

Based on the information listed above Ozark Mountain Technologies has returned to compliance with the Missouri Hazardous Waste Management Laws and Regulations. Evidence of these corrective actions listed is on file And are available for review, and are in place within the facility at the present time.

Sincerely,

A handwritten signature in cursive script, reading "Greg Smotherman Sr.", written in dark ink.

Greg Smotherman Sr.
Owner/President
Ozark Mountain Technologies Inc.
109 Midland Drive
Cuba, Missouri 65453



Bob Holden, Governor • Stephen M. Mahfood, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

RECEIVED


JAN 03 2005


MEMORANDUM


Hazardous Waste Program
MO Dept. of Natural Resources

DATE: December 16, 2004

TO: Kathy Flippin, Section Chief,
Hazardous Waste Enforcement

THRU: Gary L. Gaines, P.E., Regional Director,
Southeast Regional Office 

THRU: Amy S. Baker, Hazardous Waste Unit Chief
Southeast Regional Office 

FROM: Albert R. Wampler, Environmental Engineer II,
Southeast Regional Office 

SUBJECT: Ozark Mountain Technologies, Inc. MOR 000 008 031

Attached is the report on inspection of Ozark Mountain Technologies, Inc. located in Cuba, Missouri. The facility was found to be out of compliance with Missouri's Hazardous Waste Management Law and Regulations. The facility has been determined to be a small quantity generator.

ARW/kv

Attachments

Integrity and excellence in all we do



Bob Holden, Governor • Stephen M. Mahfood, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

December 16, 2004

CERTIFIED MAIL: 7004 1160 0004-7370 1551
RETURN RECEIPT REQUESTED

L.O.W. 04-SE-023

Mr. Greg Smotherman Sr.
President
Ozark Mountain Technologies, Inc.
P.O. Box 680
109 Midland Drive
Cuba, MO 65453

Dear Mr. Smotherman:

On December 10, 2004, Albert R. Wampler, representing the Missouri Department of Natural Resources, Southeast Regional Office, conducted an inspection at the Ozark Mountain Technologies, Inc. located in Cuba, Missouri. This inspection was made to determine if Ozark Mountain Technologies Inc. was in compliance with the Federal Resource Conservation and Recovery Act of 1976, as amended, the Missouri Hazardous Waste Management Law and applicable state and federal regulations promulgated thereunder. Authority to conduct such inspections has been granted under Section 260.375(9) and 260.377 RSMo. Any federal regulations cited are those adopted by reference in state regulations or those for which the state has agreed to pursue enforcement action.

During this inspection, violations of Missouri's Hazardous Waste Management Law and Regulations were found. The unsatisfactory features noted have been listed below.

1. Failure to have waste packaged/labeled/marked per DOT during entire on-site storage period. 10 CSR 25-5.262 (2) (C) 1. One 55 gallon drum of waste in the primary storage area was not labeled with all requirements beginning date, waste codes, etc.
2. Failure to mark date of accumulation on container of hazardous waste. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (4) referencing 40 CFR 262.34(a)(2). One (1) drum did not have start accumulation date.

Integrity and excellence in all we do



Recycled Paper



3. Failure to clearly mark containers holding hazardous waste as "Hazardous Waste". 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (4) referencing 40 CFR 262.34 (a) (3). One 55 gallon drum not marked as hazardous waste.
4. Failure to have containers of hazardous waste in satellite area marked identifying contents and beginning date. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (c)(1)(ii) as modified by 10 CSR 25-5.262 (2) (C) 3. One drum of paint cleaning waste by the paint booths and one drum of still bottoms from the distillation unit were not marked with identifying contents and beginning date of accumulation.
5. Failure to have adequate and proper spill control, decontamination and safety equipment available (fire blankets, respirators, SCBA, absorbents, etc.). 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d)(4) referencing 40 CFR 265.32 as amended by 10 CSR 25-5.262 (2) (C) 2.G.
6. Failure to post the emergency coordinator's name and phone number near a telephone. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d)(5)(ii)(A).
7. Failure to post telephone number of the fire department near a telephone. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (5)(ii)(C).
8. Failure to post location of fire extinguishers and spill control equipment near a telephone. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d)(5)(ii)(B).
9. Failure to have a device in the hazardous waste operation area capable of summoning emergency assistance should the need arise. 10 CSR 25-5.262 (1) incorporating 40 CFR 262.34 (d) (4) referencing 40 CFR 265.34 (a).
10. Failure to label/mark clearly containers/above ground tanks holding used oil as "Used Oil". 10 CSR 25-11.279 (1) incorporating 40 CFR 279.22 (c) (1).

In order for Ozark Mountain Technologies, Inc. to return to compliance with Missouri Hazardous Waste Management Law and Regulations, each listed unsatisfactory feature should be addressed. Corrective actions are believed to be self-explanatory. Documentation showing that corrective actions have been made should be mailed within thirty (30) days of receipt of this letter to Department of Natural Resources, Hazardous Waste Program Attn: Keith Bertels, Chief, Hazardous Waste Enforcement Unit, P.O. Box 176, Jefferson City, Missouri 65102 and to the Department of Natural Resources, Regional Director, Southeast Regional Office, 2155 N. Westwood Boulevard, Poplar Bluff, MO 63901.

Should you have any questions concerning this inspection, please contact Albert R. Wampler at our Southeast Regional Office at (573) 840-9750.

Sincerely,



Gary L. Gaines, P.E.
Regional Director

^{AW}
GLG/awk

C: Keith Bertels, Chief Enforcement Unit, Hazardous Waste Program



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
SMALL QUANTITY GENERATOR INSPECTION CHECKLIST

S

FOR FACILITIES THAT GENERATE/ACCUMULATE 1000 Kg (2200 lbs.) or approximately 5 drums and 22 lbs. of acutely hazardous waste

NAME OZARK MOUNTAIN TECHNOLOGIES INC.		DATE 12/10/04	EPA ID NUMBER MO000008037
ADDRESS 109 MIDLAND DRIVE P.O. BOX 680		RR NUMBER NA	MO ID NUMBER 031606
CITY CUBA	COUNTY CRAWFORD	ZIP CODE 65453	YEARS AT SITE 10
DATE(S) OF LAST INSPECTION(S) APRIL 4, 2003		TELEPHONE NUMBER 573-885-3018	
FACILITY REPRESENTATIVE(S), TITLE(S) GREG SMOTHERMAN SR. (PRESIDENT) TERRY SANDER - Plant Sup - Jim Cooley - CHEMIST		NUMBER OF EMPLOYEES ~ 50 +	

CHECKLIST ATTACHMENTS

USED OR GENERATOR, RESOURCE RECOVERY, AND TANK ATTACHMENT
☒ YES ☐ NO

UNIVERSAL WASTE ATTACHMENT
☐ YES ☐ NO

DESCRIPTION OF THE FACILITY'S OPERATIONS AND PLANT

CHEMICAL METAL FINISHING - ANODIZING - CLEANING.

PAINTING. THE FACILITY CONDUCTS MOST WORK FOR DEPARTMENT OF DEFENSE PROCESSES include ANODIZING METALS, ALODIZING OF ALUMINUM CLEANING AND ETCHING METALS. THESE PROCESSES ARE CONDUCTED IN A SERIES OF TANKS. SOME WASTE IS GENERATED FROM TANKS AT CLEANING BUT IS INFREQUENT. TWO (2) PAINT BOOTHS ARE USED FOR PRIMING AND PAINTING SOME PARTS. PAINT WASTE, PAINT FILTERS, SPENT RAGS along WITH MASKING AND SLUDGE FROM TANKS.

WASTE STREAMS

DESCRIBE EACH WASTE STREAM GENERATED (INCLUDING THE PRODUCTION PROCESS)	GENERATION RATE	EPA WASTE CODES	DISPOSITION
1. RQ WASTE PAINT RELATED MATERIALS 3 UN1263 PG II [Disposal of paint, sludge, Filter Swapping]	VARIABLE	D001 D007 D035	SAFETY Kleen
2. RQ WASTE OXIDIZING SUBSTANCES LIQUID CORROSIVE AQS. (CHROMIC ACID) 5.1 UN 3098 PG II Infrequent Generation.	VARIABLE	D002 D001 D007	SAFETY Kleen
3. WASTE SOLIDS CONTAINING FLAMMABLE LIQUIDS NOS. (METHYL ETHYL KETONE) (XYLENE) 4.1 UN 3175 PG II	VARIABLE	F003 F005 D001 D035	SAFETY Kleen
4. WASTE SOLIDS CONTAINING CORROSIVE LIQUIDS (NITRIC ACID, HYDROFLUORIC ACID)	VARIABLE	D001 D002	SAFETY Kleen
5. Reclamation SLUDGE for Safety Kleen unit BY PAINT BOOTH SAFETY RAGS (F005) FROM CLEANING MEX		F005	Safety Kleen Safety Kleen

MO 780-1692 (12/02)

SOG PAGE 1 OF 5

SEE ATTACHED Summary Report

A. GENERAL			COMMENTS
1. <input checked="" type="checkbox"/> Registered as a hazardous waste generator - Section 260.380.1 (1) RSMo and 10 CSR 25-5.262(2)(A).	1	GGR	
2. <input checked="" type="checkbox"/> Facility determines if waste is hazardous - 10 CSR 25-5.262(1) incorporating 40 CFR 262.1(i).	1	GGR	
3. <input checked="" type="checkbox"/> Uses a licensed hazardous waste transporter - Section 260.380.1(5) RSMo.	1	GGR	
4. <input checked="" type="checkbox"/> Uses authorized hazardous waste TSD or RR facility - Section 260.380.1(7) RSMo.	1	GGR	
5. <input checked="" type="checkbox"/> Does not operate as a TSD - Section 260.390.1(1) RSMo.	1	GGR	
6. <input checked="" type="checkbox"/> Facility has updated notification as required - 10 CSR 25-5.262(2)3.B.	2	GGR	
7. <input checked="" type="checkbox"/> Materials are not accumulated speculatively - 10 CSR 25-4.261 incorporating 40 CFR 261.1(c)(8).	2	GGR	
8. <input checked="" type="checkbox"/> Facility can demonstrate legitimate recycling - 10 CSR 25-4.261 incorporating 40 CFR 261.2(f).	2	GGR	

PART 1: WALK-THROUGH INSPECTION

B. PRETRANSPORT, CONTAINERIZATION & STORAGE			COMMENTS
1. <input checked="" type="checkbox"/> Storage does not exceed 180 days or 270 days if transported > 200 miles - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d) or 40 CFR 262.34(e).	1	GPT	
2. <input checked="" type="checkbox"/> Containers in good condition - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.171.	1	GPT	
3. <input checked="" type="checkbox"/> Waste compatible with container - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.172.	1	GPT	
4. <input checked="" type="checkbox"/> Containers closed in storage - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.173(a).	1	GPT	
5. <input checked="" type="checkbox"/> Containers storing incompatible waste separated or protected from each other by a dike, berm or wall - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.177(c).	1	GPT	
6. <input checked="" type="checkbox"/> Containers of ignitable or reactive waste stored > 50 ft. from property line (or meet requirements) - 10 CSR 25-5.262(2)(C)6 referencing 40 CFR 265.176 as amended by 10 CSR 25-7.265(2)(i) 7 & 8.	2	GOR	
7. <input checked="" type="checkbox"/> Waste packaged/labeled/marked per DOT during entire on-site storage period - 10 CSR 25-5.262(2)(C)1.	2	GOR	
8. <input checked="" type="checkbox"/> Date of accumulation marked on containers - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(2).	2	GPT	
9. <input checked="" type="checkbox"/> Containers protected from contact with accumulated liquids - 10 CSR 25-5.262(2)(C)2.D(II).	2	GOR	
10. <input checked="" type="checkbox"/> Containers clearly marked "Hazardous Waste" - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).	2	GPT	
11. <input checked="" type="checkbox"/> Facility inspected and maintained (weekly) - 10 CSR 25-5.262(2)(C)2.C(I) & (II) referencing 40 CFR 265.174.	2	GPT	
12. <input checked="" type="checkbox"/> Daily inspection of areas subject to spills, i.e., waste handling areas - 10 CSR 25-5.262(2)(C)2.C(II).	2	GOR	
13. <input checked="" type="checkbox"/> Adequate aisle space is available - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.35.	2	GPT	
14. <input checked="" type="checkbox"/> Placards available for transporter - 10 CSR 25-5.262(1) incorporating 40 CFR 262.33.	2	GPT	
15. <input checked="" type="checkbox"/> Precautions are taken to prevent accidental ignition or reaction of ignitable or reactive wastes, including confining smoking and open flame to specially designated locations and conspicuously placing "No Smoking" signs by ignitable or reactive wastes - 10 CSR 25-5.262(2)(C)2.F(II).	2	GOR	

C. SATELLITE ACCUMULATION			COMMENTS
1. <input checked="" type="checkbox"/> Containers kept closed - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(1)(i) referencing 40 CFR 265.173(a).	1	GPT	

C. SATELLITE ACCUMULATION (CONTINUED)

COMMENTS

2	<input checked="" type="checkbox"/> Containers in good condition - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.171.	1	GPT
3	<input checked="" type="checkbox"/> Waste compatible with container - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.172.	1	GPT
4	<input checked="" type="checkbox"/> Quantities accumulated not exceeding 55 gallons (1 quart of acutely hazardous wastes) - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1).	1	GPT
5	<input checked="" type="checkbox"/> Satellite containers go to storage within 3 days of filling - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(2).	1	GPT
6	<input checked="" type="checkbox"/> Container marked identifying contents and beginning date - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(ii) as modified by 10 CSR 25-5.262(2)(C)3.	2	GPT
7	<input checked="" type="checkbox"/> Stored in satellite areas less than 1 year - 10 CSR 25-5.262(2)(C)3.	2	GPT
8	<input checked="" type="checkbox"/> Satellite containers stored at or near the point of waste generation and under the control of the operator - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1).	2	GPT

Two paint room

D. PREPAREDNESS, PREVENTION AND EMERGENCY PROCEDURES

COMMENTS

1	<input checked="" type="checkbox"/> Facility operated and maintained to minimize the possibility of an emergency - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(a)(4) referencing 40 CFR 265.31.	1	GPT
2	<input checked="" type="checkbox"/> Adequate and proper spill control, decontamination and safety equipment available (fire blankets, respirators, SCBA, absorbents, etc.) - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32 as amended by 10 CSR 25-5.262(2)(C)2.G.	2	GPT
3	<input checked="" type="checkbox"/> Adequate water supply and fire control equipment - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32(c) and (d).	2	GPT
4	<input checked="" type="checkbox"/> Communication and emergency equipment tested and maintained - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.33.	2	GPT
5	<input checked="" type="checkbox"/> Emergency coordinator's name and phone number posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii)(A).	2	GPT
6	<input checked="" type="checkbox"/> Telephone number of fire department posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii)(C).	2	GPT
7	<input checked="" type="checkbox"/> Location of fire extinguisher and spill control equipment posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii)(B).	2	GPT
8	<input checked="" type="checkbox"/> Employees familiar with waste handling and emergency procedures - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(iii).	2	GPT
9	<input checked="" type="checkbox"/> Device in the hazardous waste operation area capable of summoning emergency assistance - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.34(a).	2	GPT
10	<input checked="" type="checkbox"/> Telephone or two-way radio on-site and capable of summoning local fire or police department, or local or state emergency response teams - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32(b).	2	GPT
11	<input checked="" type="checkbox"/> Arrangements with local emergency agencies - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.37.	2	GPT
12	<input checked="" type="checkbox"/> Emergency coordinator(s) on premise or on call - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(i).	2	GPT

PART 2: RECORDS INSPECTION

E. MANIFESTS

COMMENTS

1	<input checked="" type="checkbox"/> Facility uses manifest system or wastes reclaimed under contractual agreement - Section 260.380.1(6) RSMo and 10 CSR 25-5.262(2)(B) or 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(e)1.	1	GMR
---	--	---	-----

MANIFESTS (CONTINUED)

COMMENTS

2. <input checked="" type="checkbox"/> Tests waste to determine knowledge of waste to determine if the waste is restricted from land disposal - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(a)	1	GLB
3. <input checked="" type="checkbox"/> Generator maintains a copy of the reclamation agreement on-site for at least 3 years after expiration of agreement - 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(e)(2)	2	GMR
4. <input checked="" type="checkbox"/> Manifests maintained for a 3-year period - 10 CSR 25-5.262(1) incorporating 40 CFR 262.40(a)	2	GMR
5. <input checked="" type="checkbox"/> Generator's MO & EPA ID numbers - 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(a) as amended by 10 CSR 25-5.262(2)(B)1.	2	GMR
6. <input checked="" type="checkbox"/> MO Manifest document ID and consecutive shipment numbers - 10 CSR 25-5.262(2)(B)2A	2	GMR
7. <input checked="" type="checkbox"/> Generator's name, address and phone number - 10 CSR 25-5.262(2)(B)1	2	GMR
8. <input checked="" type="checkbox"/> All transporter's names, phone numbers, MO & EPA ID numbers, and license plate numbers - 10 CSR 25-5.262(2)(B)1 & 2.	2	GMR
9. <input checked="" type="checkbox"/> Designated facility name, address, phone number, and MO & EPA ID numbers - 10 CSR 25-5.262(2)(B)1 & 2.	2	GMR
10. <input checked="" type="checkbox"/> DOT shipping name, Hazard Class and waste ID number (RQ - if required) - 10 CSR 25-5.262(2)(B)1 & 2.	2	GMR
11. <input checked="" type="checkbox"/> Containers, quantity and specific gravity designated - 10 CSR 25-5.262(2)(B)1 and 2.	2	GMR
12. <input checked="" type="checkbox"/> Manifest signed and dated - 10 CSR 25-5.262(2)(B)1.	2	GMR
13. <input checked="" type="checkbox"/> Manifest returned within 35 days - or exception report submitted within 45 days - 10 CSR 25-5.262(2)(D)2C.	2	GMR
14. <input checked="" type="checkbox"/> "Land-Ban" notification/certification sent with manifests or with first shipment - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(a).	2	GLB
15. <input checked="" type="checkbox"/> Notification/certification includes correct EPA hazardous waste number, corresponding treatment standards, manifest number, and waste analysis data - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(b).	2	GLB

in power

CHECKLIST KEY:

Check one box in compliance.

Circle the box if not in compliance and provide comment.

N/A = Not Applicable

An item emphasized by a black line on the left is a serious deviation from the requirements (Class I Violation).

An unemphasized item is a significant deviation from the requirements (Class II Violation unless conditions warrant Class I).

COMMENTS: INCLUDE DISCUSSION OF FACILITY'S WASTE MINIMIZATION PLAN**CHECK ALL POTENTIAL MULTI-MEDIA VIOLATIONS AND IMPACTS (SPECIFY AND COMMENT BELOW)**

APC	PDW	SWM	HW	WPC
<input type="checkbox"/> Fugitive Dust	<input type="checkbox"/> Taste & Odors	<input type="checkbox"/> Open Dumps	<input type="checkbox"/> Transportation	<input type="checkbox"/> Animal Waste
<input type="checkbox"/> Particulate	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Littering	<input type="checkbox"/> PCBs	<input type="checkbox"/> Bypassing
<input type="checkbox"/> Burning	<input type="checkbox"/> Pressure	<input type="checkbox"/> Waste Tire Dump	<input type="checkbox"/> USTs/LUSTs	<input type="checkbox"/> Treatment Plant Operation
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Color	<input type="checkbox"/> SLF	<input type="checkbox"/> Other	<input type="checkbox"/> Sawdust
<input type="checkbox"/> Odors	<input type="checkbox"/> Flow	<input type="checkbox"/> Other		<input type="checkbox"/> Sludge
<input type="checkbox"/> Toxics	<input type="checkbox"/> Toxics			<input type="checkbox"/> Single Family
<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Storm Water
				<input type="checkbox"/> Toxics/UST
				<input type="checkbox"/> Other

COMMENTS

INSPECTOR'S SIGNATURE

Albert R. Wampler

DATE

12/10/04

MO 780-1602 (12-02)

500 PAGES OF



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
SMALL QUANTITY GENERATOR INSPECTION CHECKLIST - USED OIL GENERATOR,
RESOURCE RECOVERY, AND TANK ATTACHMENT



CITY	OZARK MOUNTAIN TECHNOLOGIES INC	EPA ID NUMBER	MO R000008037
CITY	CUBA	MO ID NUMBER	031606

USED OIL GENERATOR

(If Used Oil Processor, Re-refiner, Marketer, Collection, Aggregation Point, Transporter, or Transfer Facility, Please Use Appropriate Checklist)

F. USED OIL STORAGE

COMMENTS

1. <input checked="" type="checkbox"/> Used oil is managed properly and not disposed of into the environment or cause a public nuisance - 10 CSR 25-11.279(2)(B)4.B.	1	GOR
2. <input checked="" type="checkbox"/> Containers in good condition - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(b)(1).	1	GOR
3. <input checked="" type="checkbox"/> Containers storing used oil are not leaking - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(b)(2).	1	GOR
4. <input checked="" type="checkbox"/> Containers/aboveground tanks are labeled or marked clearly "Used Oil" - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(c)(1).	2	GOR
5. <input checked="" type="checkbox"/> Fill pipes used to transfer used oil into underground storage tanks are labeled or marked clearly "Used Oil" - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(c)(2).	2	GOR
6. <input checked="" type="checkbox"/> Containers/tanks which are exposed to rainfall are closed - 10 CSR 25-11.279(2)(C)6.	2	GOR
7. <input checked="" type="checkbox"/> Clean up any spills or leaks of used oil - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(d).	2	GOR
8. <input checked="" type="checkbox"/> Mixtures of used oil and hazardous waste are managed according to state hazardous waste regulations - 10 CSR 25-11.279(2)(B)2.	2	GOR

G. ON-SITE BURNING

COMMENTS

1. <input checked="" type="checkbox"/> Burn only their own used oil or used oil from DIYers or exempt farmers - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(a) as amended by 10 CSR 25-11.279(2)(A)1.	1	GOR
2. <input checked="" type="checkbox"/> Burn only in space heaters with design capacity < .5 million BTU/hr - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(b).	1	GOR
3. <input checked="" type="checkbox"/> Combustion gases from the heater are vented to the ambient air - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(c).	1	GOR

H. OFF-SITE SHIPMENTS TO APPROVED COLLECTION CENTERS

COMMENTS

1. <input checked="" type="checkbox"/> Used oil is transported by transporters who have obtained EPA identification numbers unless one of the following is met - 10 CSR 11.279(1) incorporating 40 CFR 279.24.	1	GOR
2. <input checked="" type="checkbox"/> Transports used oil in a vehicle owned by the generator or owned by an employee of the generator - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(1).	2	GOR
3. <input checked="" type="checkbox"/> Transports no more than 55 gallons of used oil at any time - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(2).	2	GOR
4. <input checked="" type="checkbox"/> Transports the used oil to a used oil collection center that is registered, licensed, permitted, or recognized by a state/county/municipal government to manage used oil - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(3).	2	GOR

OR 40 CFR 279.24(b)

5. <input checked="" type="checkbox"/> Transports the used oil to an aggregation point that is owned and/or operated by the same generator - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(b)(3).	2	GOR
---	---	-----

OR 40 CFR 279.24(c)

6. <input checked="" type="checkbox"/> Used oil is reclaimed under a contractual agreement (tolling arrangement) - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(c).	2	GOR
--	---	-----

I. RESOURCE RECOVERY

COMMENTS

1. <input checked="" type="checkbox"/> Valid RR certification for energy recovery or reclamation of hazardous waste obtained - 10 CSR 25-9.020(1)(A)3.	1	GOR
2. <input checked="" type="checkbox"/> Still bottoms or RR residues disposed of properly - Section 260.380.1(7) RSMo.	1	GOR

1. RESOURCE RECOVERY (CONTINUED)

COMMENTS

3. <input type="checkbox"/>	Facility has received all off-site manifests by hazardous waste received in accordance with 10 CSR 25-9.020(1)(A)2.	2	GOR	
4. <input type="checkbox"/>	Facility is classified as a RR in accordance with 10 CSR 25-9.020(3)(A).	2	GOR	
5. <input type="checkbox"/>	Facility meets the operating conditions of certification - 10 CSR 25-9.020(3).	2	GOR	
6. <input type="checkbox"/>	Facility has submitted a written request and received approval from the DNR for all changes in operation including closure - 10 CSR 25-9.020(3)(E) 1 & 2.	2	GOR	
7. <input type="checkbox"/>	Facility maintains a written operating record - 10 CSR 25-9.020(3)(E)5 referencing 40 CFR 264.73(b)(1) and (2) as modified by 10 CSR 25-9.020(2)(E)2.	2	GOR	
8. <input type="checkbox"/>	Facility has notified EPA and the state that it qualifies for a small quantity on-site burner exemption or has interim status or a permit if it burns hazardous waste on-site - 10 CSR 25-7.266(1) incorporating 40 CFR 266.108 and 40 CFR 266.103.	2	GOR	
9. <input checked="" type="checkbox"/>	Storage of hazardous waste destined for RR in accordance with all applicable state hazardous waste regulations - 10 CSR 25-9.020(1)(A).	2	GOR	

2. SOGTANKS

TANK DESIGNATION	CONTENTS	CAPACITY	CONTAINMENT	AGE
1. <i>NA</i>				
2.				
3.				
4.				
5.				

COMMENTS

1. <input type="checkbox"/>	Uncovered tanks have 2 feet freeboard or containment system - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(3).	1	GPT	
2. <input type="checkbox"/>	Continuously fed tanks equipped with a feed cut-off system or a proper by-pass system - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(4).	1	GPT	
3. <input type="checkbox"/>	Waste or treatment method is compatible with tank - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(2).	1	GPT	
4. <input type="checkbox"/>	Incompatible wastes not placed in same tank - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(f)(1).	1	GPT	
5. <input type="checkbox"/>	Ignitable or reactive wastes rendered safe/protected from sources of ignition or reaction - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(e)(1).	1	GPT	
6. <input type="checkbox"/>	Ignitable or reactive wastes in covered tanks treated/stored in accordance with NFPA's buffer zone requirements - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(e)(2).	1	GPT	
7. <input type="checkbox"/>	Volatiles with vapor pressure > 78 mm Hg @ 25° C not placed in open tanks - 10 CSR 25-5.262(2)(C)2.F(1).	1	GPT	
8. <input type="checkbox"/>	Wastes and residues removed from tank and equipment, and handled properly upon closure - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(d).	1	GPT	
9. <input type="checkbox"/>	Tanks are clearly labeled or marked "Hazardous Waste" - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).	2	GPT	
10. <input type="checkbox"/>	Inspection of waste feed cut off, bypass system, monitoring data and freeboard each operating day - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(c).	2	GPT	
11. <input type="checkbox"/>	Weekly inspection of confinement structure, construction materials and general area for leaks, corrosion or discharges - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(c)5.	2	GPT	
12. <input type="checkbox"/>	Daily inspection of areas subject to spills, i.e., waste handling areas - 10 CSR 25-5.262(2)(C)2.C(II) referencing 40 CFR 265.195.	2	GPT	

ATTACHMENT 1



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
PO BOX 176
JEFFERSON CITY, MISSOURI 65102

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COPYING FORM ATTACHE TO LABEL OR ENTER		
GENERATOR NAME OSARK MOUNTAIN TECHNOLOGIES INC.		
CONTACT PERSON NAME GREG SMOTHERMAN		
SITE STREET ADDRESS (DO NOT ENTER PO BOX NUMBER) 109 MIDLAND DR.		
CITY CUBA	STATE MO	ZIP 65453
GENERATOR EPA ID NUMBER MO000008037	GENERATOR MISSOURI ID NUMBER 091606	
NOTE: THE FEDERAL EPA ID AND MISSOURI GENERATOR ID NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.		

NOTE: PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION (Complete Item 1 or Item 2, NOT BOTH)

1. ANNUAL From 7/1 2003 To 6/30 2004 (YEAR) (YEAR)	2. QUARTERLY FOR THE PERIOD ENDING <input type="checkbox"/> 9-30 - Y <input type="checkbox"/> 12-31 - Y <input type="checkbox"/> 3-31 - Y <input type="checkbox"/> 6-30 - Y
3. PAGE 1 OF 4	

SECTION B - GENERATOR IDENTIFICATION

4. GENERATOR NAME OSARK MOUNTAIN TECHNOLOGIES INC.	HAS CHANGED <input type="checkbox"/>
5. CONTACT PERSON GREG SMOTHERMAN	TELEPHONE NUMBER 573 885 3018
6. MAILING ADDRESS PO BOX 680	CITY CUBA
7. PLANT SITE ADDRESS 109 MIDLAND DR.	CITY CUBA
8. NAME OF PARENT FIRM	STATE MO
	ZIP 65453

SECTION C - STATUS OF WASTE GENERATED

9. 14 NUMBER OF SHIPMENTS MADE. Enter the number of shipments made this reporting period. If greater than 0, complete Part II, attach completed Hazardous Waste Manifests, sign certification, and transmit to the Department. If zero, check Item 10 or Item 11, whichever is appropriate.	10. <input type="checkbox"/> REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the Department. (Do not complete Part II)	11. <input type="checkbox"/> REPORTABLE QUANTITY NOT GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the Department. (Do not complete Part II)
--	--	--

SECTION D - COMMENTS

10.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME GREG SMOTHERMAN	SIGNATURE or AUTHORIZED PIN <i>GREG SMOTHERMAN</i>	DATE 7/29/04
--------------------------------------	---	------------------------



FACILITY NAME
OZARK MOUNTAIN TECHNOLOGIES
INC

17049908037

031606

☒ 6-30 - Y

OF

4

SAFETY KLEEN SYSTEMS INC.

SITE ADDRESS
1722 COOPER CREEK RD.

DENTON

天

76208

[illegible]

13 COMPANY NAME

14. MISSOURI ID NO.

15. US EPA ID NO

a SAFETY KLEEN SYSTEMS INC.

H-061

mod 980971826

b SAFETY KLEEN SYSTEMS INC.

H-061

TXR000050930

• BEDROCK DBA TRISTATE

H-06,

NR000505347

SECTION J - COMMENTS

612



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
PO BOX 176
JEFFERSON CITY, MISSOURI 65102
(877) 764-3476

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART II

BEFORE COPYING FORM, ENTER THE FACILITY NAME
AND ID NUMBER AS SHOWN ON PART I

FACILITY NAME

OZARK MOUNTAIN TECHNOLOGIES
INC.

GENERATOR EPA ID NUMBER

MO000008037

GENERATOR MISSOURI ID NUMBER

031606

NOTE: PLEASE READ INSTRUCTION AND EITHER TYPE OR PRINT

ATTENTION: Summarize all shipments made to the
Hazardous Waste Management Facility you have
identified in Section G below. Additional pages are
required for each off-site management facility listed.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE AND FILL IN YEAR - (YY))

☐ 9-30 - Yr

☐ 12-31 - Yr

☐ 3-31 - Yr

☒ 6-30 - Yr

2004

2. PAGE

3

OF

4

SECTION G - FACILITY IDENTIFICATION

A. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

SAFETY KLEEN SYSTEMS INC.

B. FACILITY SITE ADDRESS

3700 LAGRANGE RD.

CITY

SMITHFIELD

STATE

KY

ZIP

40068

4. FACILITY EPA ID

KY0053348108

SECTION H - WASTE IDENTIFICATION

6. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	7. EPA HAZARDOUS WASTE NUMBER	8. TAX CODE (SEE INST)	9. TOTAL AMOUNT OF WASTE	10. UNIT OF MEAS	11. SPECIFIC GRAVITY	12. FINAL HAND CODE
WASTE SOLIDS CONTAINING FLAMMABLE LIQUIDS	D001 F003		2220	P		T-50
WASTE SOLIDS CONTAINING FLAMMABLE LIQUID	F005		206	P		T-04
WASTE PAINT RELATED MATERIALS - LIQUID	D001 F003		4351	P		T-50
WASTE OXIDIZING SUBSTANCE LIQUID - CORROSIVE	F005		1554	P		T-04
	D001 D002					

SECTION I - TRANSPORTATION SERVICES UTILIZED

13. COMPANY NAME

14. MISSOURI ID NO.

15. US EPA ID NO.

a SAFETY KLEEN SYSTEMS INC.

H-061 H-141

MO0980971626

b SAFETY KLEEN SYSTEMS INC.

H-061 H-141

TXR000050930

c

H-

SECTION J - COMMENTS

#12 (T-04 LAND FILL)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
PO BOX 178
JEFFERSON CITY, MISSOURI 65102
(616) 761-3176

**GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART II**

BEFORE COPYING FORM, ENTER THE FACILITY NAME
AND ID NUMBER AS SHOWN ON PART I

FACILITY NAME:

OZARK MOUNTAIN TECHNOLOGIES
INC.

GENERATOR EPA ID NUMBER

MO000008037

GENERATOR MISSOURI ID NUMBER

031606

NOTE: PLEASE READ INSTRUCTION AND EITHER TYPE OR PRINT.

ATTENTION: Summarize all shipments made to the
Hazardous Waste Management Facility you have
identified in Section G below. Additional pages are
required for each off-site management facility listed.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE AND FILL IN YEAR - (YY))

☐ 9-30 - Yr

☐ 12-31 - Yr

☐ 3-31 - Yr

☒ 6-30 - Yr

2004

2. PAGE

4

OF

4

SECTION G - FACILITY IDENTIFICATION

A. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

SAFETY KLEEN SYSTEMS INC.

F. FACILITY EPA ID

IDD980613913

B. FACILITY SITE ADDRESS

633 E. 138TH ST.

CITY

DOLTON

STATE

IL

ZIP

60419

SECTION H - WASTE IDENTIFICATION

8.	7.	6.	3.	10.	11.	12.
DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	EPA HAZARDOUS WASTE NUMBER	TAX CODE (SEE INST)	TOTAL AMOUNT OF WASTE	UNIT OF MEAS	SPECIFIC GRAVITY	FINAL HAND CODE
WASTE SOLIDS CONTAINING FLAMMABLE LIQUID	D001 F009		1443	P		T04
WASTE PAINT RELATED MATERIAL - LIQUID	D001 F003		2020	P		T50
WASTE SOLIDS CONTAINING CORROSIVE LIQUID - NITRIC ACID - HYDROFLUORIC ACID	D007		499	P	1.0	T04
CORROSIVE SOLID INORGANIC, SODIUM HYDROXIDE	NONE		911	P	1.0	T04

SECTION I - TRANSPORTATION SERVICES UTILIZED

13. COMPANY NAME	14. MISSOURI ID NO.	15. US EPA ID NO.
a SAFETY KLEEN SYSTEMS INC.	H-061 H-141	MO0980971620
b SAFETY KLEEN SYSTEMS INC.	H-061 H-141	TXR000050930
c BEDROCK DBA TRISTATE	H-061	MO0000505347

SECTION J - COMMENTS

12 (T-04 LANDFILL)
13 D. SCHNEIDER NATIONAL BULK CARRIERS, H-061/H-141, NED 981193998
13 E. SMITH SYSTEMS TRANS., H-061, NED 986382133

STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

Hazardous Waste Program

P.O. Box 178 Jefferson City, Missouri 65102
573-761-2175

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.EMERGENCY
RESPONSEU.S. COAST GUARD
1-800-424-8802CHEM TREC
1-800-424-8900DEPT. OF NATURAL
RESOURCES
573-224-2436

Form Approved, OMB No. 2050-0039

Please print or type. (Form designed for use on stilette (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MOR000008037	MANIFEST DOCUMENT NO. 00086	2. Page 1 of 2	Information in the shaded areas is required by State Law.
3. Generator's Name and Mailing Address OZARK MOUNTAIN TECHNOLOGIE 109 MIDLAND DR CUBA MO 65453		4. Generator's Phone 800 413-0011	5. US EPA ID Number MOD980971626	A. Manifest Number 0316000000086	B. Manifest Date 12/13/04
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC		7. Transporter 2 Company Name SAFETY-KLEEN SYSTEMS, INC	8. US EPA ID Number TXR000050930	C. Manifest ID H-1273	D. Transporter Phone 573 443-5412
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068		10. US EPA ID Number KYD053848106	E. Manifest ID H-1273	F. Transporter Phone 800 669-5840	G. State Facility ID RR-KY02
11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))		12. Containers Number Type	13. Total Quantity	14. Unit Weight	15. Waste No.
a. RO WASTE PAINT RELATED MATERIALS 3 UN1263 PG II (D001) (ERG#128)		001 OM	00571	P	EPA WASTE CODE F003
b. RO WASTE OXIDIZING SUBSTANCES, LIQUID, CORROSIVE, N.O.S. (CHROMIC ACID) 5.1 UN3098 PG II (D001 D002) (ERG#140)		002 OF	01324	P	EPA WASTE CODE D002
c. Waste Solids Containing Flammable Liquid, N.O.S. (Methyl Ethyl Ketone, xylene) 4.1 UN3175 PGII (ERG#133)		003 OF	00261	P	EPA WASTE CODE F001
d.					
16. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		17. HANDLING INSTRUCTIONS (Facility Use Only)			
18. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		19. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
19. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		20. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
20. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		21. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
21. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		22. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
22. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		23. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
23. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		24. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
24. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		25. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
25. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		26. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
26. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		27. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
27. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		28. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
28. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		29. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
29. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		30. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
30. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		31. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
31. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		32. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
32. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		33. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
33. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		34. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
34. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		35. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
35. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		36. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
36. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		37. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
37. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		38. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
38. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		39. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
39. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		40. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
40. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		41. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
41. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		42. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
42. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		43. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
43. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		44. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
44. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		45. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
45. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		46. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
46. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		47. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
47. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		48. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
48. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		49. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
49. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		50. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
50. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		51. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
51. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		52. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
52. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		53. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
53. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		54. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
54. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		55. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
55. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		56. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
56. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		57. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
57. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		58. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
58. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		59. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
59. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		60. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
60. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		61. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
61. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		62. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
62. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		63. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
63. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		64. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
64. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		65. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
65. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		66. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
66. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		67. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
67. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		68. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
68. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		69. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
69. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		70. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
70. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		71. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
71. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		72. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
72. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		73. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
73. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		74. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
74. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		75. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
75. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		76. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
76. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		77. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
77. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		78. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
78. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		79. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
79. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		80. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
80. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		81. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
81. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		82. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
82. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		83. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
83. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		84. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
84. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		85. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
85. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		86. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
86. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		87. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
87. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		88. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
88. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		89. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
89. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		90. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
90. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		91. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
91. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		92. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
92. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		93. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
93. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		94. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
94. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		95. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
95. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		96. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
96. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		97. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
97. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		98. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
98. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		99. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			
99. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)		100. SPECIAL HANDLING INSTRUCTIONS (Facility Use Only)			

MISSOURI DNR FINAL COPY - PART 1

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED FACILITY THEN TRANSMITTED TO THE DEPARTMENT BY THE GENERATOR.

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102
573-761-3176**HAZARDOUS WASTE MANIFEST**THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8902	CHEM TREC 1-800-424-0300	DEPT. OF NATURAL RESOURCES 573-634-2438
-----------------------	------------------------------------	-----------------------------	---

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MOR000008037		MANIFEST DOCUMENT NO.		2. Page <u>2</u> of <u>2</u>		Information in the shaded areas is required by State Law.	
3. Generator's Name and Mailing Address OZARK MOUNTAIN TECHNOLOGIE 109 MIDLAND DR CUBA MO 65453						A. Missouri Hazardous Waste Manifest Number 031600			
4. Generator's Phone () 800 413-0011						B. G.S.I. (Gen) and Address			
5. Transporter 1 Company Name Tri-state motor transit co.						C. Manifest ID UPW00641580H			
6. US EPA ID Number MO10095038998						D. Transporter's Phone 800 234 8768			
7. Transporter 2 Company Name						E. Manifest ID			
8. US EPA ID Number						F. Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD KY 40068						G. Blank Facility ID BRKRY02			
10. US EPA ID Number KYD053348108						H. Facility's Phone 502 845-2453			
11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))						12. Containers Number Type		13. Total Quantity	
THIS IS A RIDER TO MANIFEST#						DM		P	
14. EPA Waste No.						EPA WASTE CODE		STATE	
15. EPA Waste Code						STATE		EPA WASTE CODE	
16. EPA Waste Code						STATE		EPA WASTE CODE	
17. EPA Waste Code						STATE		EPA WASTE CODE	
18. EPA Waste Code						STATE		EPA WASTE CODE	
19. EPA Waste Code						STATE		EPA WASTE CODE	
20. EPA Waste Code						STATE		EPA WASTE CODE	
21. EPA Waste Code						STATE		EPA WASTE CODE	
22. EPA Waste Code						STATE		EPA WASTE CODE	
23. EPA Waste Code						STATE		EPA WASTE CODE	
24. EPA Waste Code						STATE		EPA WASTE CODE	
25. EPA Waste Code						STATE		EPA WASTE CODE	
26. EPA Waste Code						STATE		EPA WASTE CODE	
27. EPA Waste Code						STATE		EPA WASTE CODE	
28. EPA Waste Code						STATE		EPA WASTE CODE	
29. EPA Waste Code						STATE		EPA WASTE CODE	
30. EPA Waste Code						STATE		EPA WASTE CODE	
31. EPA Waste Code						STATE		EPA WASTE CODE	
32. EPA Waste Code						STATE		EPA WASTE CODE	
33. EPA Waste Code						STATE		EPA WASTE CODE	
34. EPA Waste Code						STATE		EPA WASTE CODE	
35. EPA Waste Code						STATE		EPA WASTE CODE	
36. EPA Waste Code						STATE		EPA WASTE CODE	
37. EPA Waste Code						STATE		EPA WASTE CODE	
38. EPA Waste Code						STATE		EPA WASTE CODE	
39. EPA Waste Code						STATE		EPA WASTE CODE	
40. EPA Waste Code						STATE		EPA WASTE CODE	
41. EPA Waste Code						STATE		EPA WASTE CODE	
42. EPA Waste Code						STATE		EPA WASTE CODE	
43. EPA Waste Code						STATE		EPA WASTE CODE	
44. EPA Waste Code						STATE		EPA WASTE CODE	
45. EPA Waste Code						STATE		EPA WASTE CODE	
46. EPA Waste Code						STATE		EPA WASTE CODE	
47. EPA Waste Code						STATE		EPA WASTE CODE	
48. EPA Waste Code						STATE		EPA WASTE CODE	
49. EPA Waste Code						STATE		EPA WASTE CODE	
50. EPA Waste Code						STATE		EPA WASTE CODE	
51. EPA Waste Code						STATE		EPA WASTE CODE	
52. EPA Waste Code						STATE		EPA WASTE CODE	
53. EPA Waste Code						STATE		EPA WASTE CODE	
54. EPA Waste Code						STATE		EPA WASTE CODE	
55. EPA Waste Code						STATE		EPA WASTE CODE	
56. EPA Waste Code						STATE		EPA WASTE CODE	
57. EPA Waste Code						STATE		EPA WASTE CODE	
58. EPA Waste Code						STATE		EPA WASTE CODE	
59. EPA Waste Code						STATE		EPA WASTE CODE	
60. EPA Waste Code						STATE		EPA WASTE CODE	
61. EPA Waste Code						STATE		EPA WASTE CODE	
62. EPA Waste Code						STATE		EPA WASTE CODE	
63. EPA Waste Code						STATE		EPA WASTE CODE	
64. EPA Waste Code						STATE		EPA WASTE CODE	
65. EPA Waste Code						STATE		EPA WASTE CODE	
66. EPA Waste Code						STATE		EPA WASTE CODE	
67. EPA Waste Code						STATE		EPA WASTE CODE	
68. EPA Waste Code						STATE		EPA WASTE CODE	
69. EPA Waste Code						STATE		EPA WASTE CODE	
70. EPA Waste Code						STATE		EPA WASTE CODE	
71. EPA Waste Code						STATE		EPA WASTE CODE	
72. EPA Waste Code						STATE		EPA WASTE CODE	
73. EPA Waste Code						STATE		EPA WASTE CODE	
74. EPA Waste Code						STATE		EPA WASTE CODE	
75. EPA Waste Code						STATE		EPA WASTE CODE	
76. EPA Waste Code						STATE		EPA WASTE CODE	
77. EPA Waste Code						STATE		EPA WASTE CODE	
78. EPA Waste Code						STATE		EPA WASTE CODE	
79. EPA Waste Code						STATE		EPA WASTE CODE	
80. EPA Waste Code						STATE		EPA WASTE CODE	
81. EPA Waste Code						STATE		EPA WASTE CODE	
82. EPA Waste Code						STATE		EPA WASTE CODE	
83. EPA Waste Code						STATE		EPA WASTE CODE	
84. EPA Waste Code						STATE		EPA WASTE CODE	
85. EPA Waste Code						STATE		EPA WASTE CODE	
86. EPA Waste Code						STATE		EPA WASTE CODE	
87. EPA Waste Code						STATE		EPA WASTE CODE	
88. EPA Waste Code						STATE		EPA WASTE CODE	
89. EPA Waste Code						STATE		EPA WASTE CODE	
90. EPA Waste Code						STATE		EPA WASTE CODE	
91. EPA Waste Code						STATE		EPA WASTE CODE	
92. EPA Waste Code						STATE		EPA WASTE CODE	
93. EPA Waste Code						STATE		EPA WASTE CODE	
94. EPA Waste Code						STATE		EPA WASTE CODE	
95. EPA Waste Code						STATE		EPA WASTE CODE	
96. EPA Waste Code						STATE		EPA WASTE CODE	
97. EPA Waste Code						STATE		EPA WASTE CODE	
98. EPA Waste Code						STATE		EPA WASTE CODE	
99. EPA Waste Code						STATE		EPA WASTE CODE	
100. EPA Waste Code						STATE		EPA WASTE CODE	

MISSOURI DNR FINAL COPY - PART 1

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED FACILITY THEN TRANSMITTED TO THE DEPARTMENT BY THE GENERATOR.

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102
573-761-3176

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-6872	CHEMTREC 1-800-424-9309	DEPT. OF NATURAL RESOURCES 573-424-2438
--------------------	------------------------------------	----------------------------	--

Form Approved, OMB No. 2050-0039

(Form designed for use on elite (12-pitch) typewriter.)

HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MOR000008037

MANIFEST DOCUMENT NO.

00087

2. Page

of 2

Information in the shaded areas

is required by State Law.

3. Generator's Name and Mailing Address

OZARK MOUNTAIN TECHNOLOGIE
109 MIDLAND DR
CUBA MO 65453

4. Generator's Phone () 800 413-0011

5. Transporter 1 Company Name

Safety-Kleen Systems Inc

6. US EPA ID Number

M000980971626

7. Transporter 2 Company Name

Safety-Kleen Systems, Inc

8. US EPA ID Number

TXR0060509130

9. Designated Facility Name and Site Address

SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

10. US EPA ID Number

KYD053348108

11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))

~~THIS IS A RIDER TO MANIFEST#~~

12. Containers

Number Type

13. Total Quantity

Unit

14. Unit Wt/Vol

Wt/Vol

Waste Solids containing Flammable Liquid, N.O.S.
(Methyl Ethyl Ketone, Xylene) 4.1 UN 3175 PG II (ERG#133)

0050

DM

00496

P

Waste Solids containing Flammable Liquid, N.O.S.
(Methyl Ethyl Ketone, Xylene) 4.1 UN 3175 PG II (ERG#133)

0010

DM

00119

P

RQ Waste Paint Related Materials 3
UN 1263 PG II (D001) (ERG#128)

0020

DM

001080

P

15. Special Handling Instructions and Additional Information

EMERGENCY RESP 800-468-1760 (24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 9000 B: 37636 C: 37636 D: 2357916. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name

JIM COOLEY

Signature

J. Cooley

Month Day Year

11/17/04

Date

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jon Glass

Signature

Jon Glass

Month Day Year

11/17/04

Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

James V. Lynn

Signature

James V. Lynn

Month Day Year

11/18/04

Date

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 15.

Printed/Typed Name

A. Hener

Signature

A. Hener

Month Day Year

11/18/04

Date

MISSOURI DNR FINAL COPY - PART 1

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED FACILITY THEN TRANSMITTED TO THE DEPARTMENT BY THE GENERATOR.

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

Hazardous Waste Program

P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.EMERGENCY
RESPONSEU.S. COAST GUARD
1-800-424-6602CHEM TREC
1-800-424-8300DEPT. OF NATURAL
RESOURCES
573-884-2438

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, DMB No. 2050-0039.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

MOR000008037

MANIFEST DOCUMENT NO.

0101087

2. Page

of 2

Information in the shaded areas

is required by State Law.

3. Generator's Name and Mailing Address

OZARK MOUNTAIN TECHNOLOGIE
109 MIDLAND DR
CUBA MO 65453

4. Generator's Phone () 800 413-0011

5. Transporter's Company Name

IRE State Motor Transp

7. Transporter 2 Company Name

8. Destination Facility Name and Site Address

SAFETY-KLEEN SYSTEMS, INC.
3700 LAGRANGE ROAD
SMITHFIELD KY 40068

8. US EPA ID Number

8. US EPA ID Number

8. US EPA ID Number

8. US EPA ID Number

8. US EPA ID Number

11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))

THIS IS A RIDER TO MANIFEST#

12. Containers

Number

Type

13. Total
Quantity14. Unit
wt/vol

DM

P

15. Special Handling Instructions and Additional Information

EMERGENCY RESP 800-468-1760 (24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 9000 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name

Signature

Month Day Year

Date

Month Day Year

Date

Month Day Year

DATE

Month Day Year

DATE

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

MISSOURI DNR FINAL COPY - PART 1

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED FACILITY THEN TRANSMITTED TO THE DEPARTMENT BY THE GENERATOR.



Bob Holden, Governor • Stephen M. Mahfood, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.state.mo.us

NOTICE OF VIOLATION #5433

April 4, 2003

CERTIFIED MAIL # 7001 2510 0005 5346 4667
RETURN RECEIPT REQUESTED

Mr. Greg Smotherman, Sr.
Ozark Mountain Technologies, Inc.
P.O. Box 680
Cuba, MO 65453

RECEIVED

APR 04 2003

HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF
NATURAL RESOURCES

Dear Mr. Smotherman:

Enclosed is a report of a compliance evaluation inspection conducted on March 27, 2003, by Mr. Stan Thessen of the Missouri Department of Natural Resources' Jefferson City Regional Office. The inspection was conducted to evaluate the compliance of Ozark Mountain Technologies, Inc. with requirements of the Missouri Hazardous Waste Management Law (MHWML) and Regulations. The inspection was conducted under the authority of the MHWML Sections 260.375 and 260.377.

Notice of Violation #5433, enclosed, cites violations of the MHWML. The violations are explained in the unsatisfactory features section of the inspection report. A written response to each violation is required, which must include documentation of all corrective actions taken and/or a schedule for completion of all necessary corrective actions within 15 days of receipt of this letter.



Integrity and excellence in everything we do



Ozark Mountain Technologies, Inc.

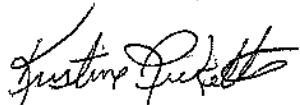
April 4, 2003

Page Two

The aforementioned documentation must be submitted to Mr. Stan Thessen of the Jefferson City Regional Office with a copy provided to Ms. Kathy Flippin, Chief, Enforcement Unit, Hazardous Waste Program, at P.O. Box 176, Jefferson City, MO 65102. If you have any questions or comments, you may contact Mr. Stan Thessen or my staff at (573) 751-2729.

Sincerely,

JEFFERSON CITY REGIONAL OFFICE

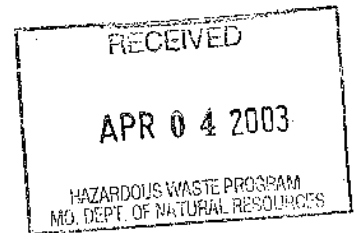


Kristine Ricketts
Regional Director

KR:stv

Enclosure

c: Ms. Kathy Flippin, Hazardous Waste Program



**MISSOURI HAZARDOUS WASTE MANAGEMENT LAW
COMPLIANCE EVALUATION INSPECTION
APRIL 4, 2003**

FACILITY:

Ozark Mountain Technologies, Inc.
Cuba, MO 65453
(573) 885-3018

EPA ID #: MOR000008037
MO Generator ID: 031606

PARTICIPANTS:

Department of Natural Resources

Mr. Stan Thessen
Environmental Specialist
Jefferson City Regional Office

Ozark Mountain Technologies

Mr. Greg Smotherman Sr.
President

INTRODUCTION:

On March 27, 2003 a hazardous waste compliance inspection was conducted at Ozark Mountain Technologies, Inc. (Ozark). The inspection was conducted under the authority of Sections 260.375(9) and 260.377 RSMo for the purpose of determining the compliance status of the facility regarding hazardous waste handling and disposal. This facility is registered as a small quantity generator of hazardous waste.

FACILITY DESCRIPTION:

Ozark began operation in 1993 and is located at 109 Midland Drive in Cuba, Missouri.

Ozark is a subcontractor for the Department of Defense and Aerospace industries. Processes include anodizing various types of metals, alodizing of aluminum, cleaning and etching various types of metals. The anodizing, alodizing, cleaning and etching are performed in a series of dip tanks. Waste generated from these tanks is on an infrequent basis. Ozark also operates two (2) paint booths for priming and painting of various parts and components. The primary paint used contains chromium and the primary solvent used is methyl ethyl ketone (MEK).

Ozark Mountain Technologies, Inc.

April 4, 2003

Page Two

The following hazardous waste streams are generated at Ozark:

1. Paint Waste- This waste is generated from the disposal of unused paint, solvents and floor sweepings.
2. Paint Filters- This waste is generated from the change out of filters on the two- (2) paint booths.
3. Spent rags- This F005 waste is generated from the wipe down processes prior to painting and general clean up.
4. Spent masking- This waste consists of a masking product that contains tetrachloroethylene and toluene.
5. Reclamation Sludge- This waste is generated from a small Safety Kleen reclamation unit that reclaims methyl ethyl ketone.
6. Spent Chromic Acid Sludge- This D002/D007 waste is generated from one chromic acid tank and three alodizing tanks. This waste is generated approximately every two (2) to five (5) years depending on the amount of business.

UNSATISFACTORY FEATURES:

Federal regulations cited are those adopted by reference in state regulations or those for which the state has agreed to pursue enforcement action. For complete text of the statute or regulation for which you are in violation, consult the references cited below.

1. **Failure of a generator of solid waste to determine whether that waste is a hazardous waste; 10 CSR 25-5.262(1) incorporating 40 CFR 262.11.**

Ozark uses MEK in various wipe down processes on metal parts. Currently, rags from this wipe down process are routinely disposed of as solid waste i.e. sent to a sanitary landfill.

Ozark also uses a masking product that contains tetrachloroethylene and toluene. In the application of this product, additional toluene is mixed with the masking to obtain the desired viscosity. Any product remaining after the application is allowed to dry and is routinely disposed of as solid waste i.e. sent to a sanitary landfill.

Effective immediately, all wipe down rags containing MEK must be disposed of as hazardous waste or laundered for reuse. If other solvents are used in the future a hazardous waste determination must be performed and disposed of properly. All dried masking that can not be used must be disposed of as a hazardous waste.

2. Failure to keep containers of hazardous waste closed while in storage; 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.173(a).

Ozark had three (3) drums of paint filters, one (1) drum of paint dust/floor sweepings and one (1) drum of paint waste. The container of paint dust/floor sweepings was open because the lid was not secured. To be considered closed, the container must be sealed so that, if it were to tip over, no spillage of the waste would occur.

Effective immediately, all containers in hazardous waste storage must be closed at all times.

3. Failure of a generator to keep waste packaged/labeled/marked per DOT during entire on-site storage period; 10 CSR 25-5.262(2)(C)1.

At the time of inspection none of the four- (4) drums of hazardous waste located in the hazardous waste storage area were marked/labeled per Department of Transportation (DOT). Containers of hazardous waste must be labeled with the complete DOT shipping information during the entire on-site storage period.

Please provide documentation that hazardous waste containers are marked/labeled during entire on-site storage.

4. Failure to provide the beginning date of accumulation on containers of hazardous waste; 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(2).

At the time of inspection none of the four- (4) drums of hazardous waste located in the hazardous waste storage area was marked with the beginning date of accumulation. The beginning date of accumulation must be marked on hazardous waste containers so that the 180-day or 270-day time frame is not exceeded in storage.

Please provide documentation that all hazardous waste containers are marked with the beginning date of accumulation.

5. Failure to clearly mark containers as "hazardous waste"; 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).

At the time of inspection none of the four- (4) drums of hazardous waste located in the hazardous waste storage area were marked as "hazardous waste". All containers in hazardous waste storage must be clearly marked with the words "hazardous waste". By applying the DOT approved shipping label that clearly states the words "hazardous waste" will satisfy this requirement.

Please provide documentation that all of the hazardous waste containers are properly marked.

6. Failure to keep containers of hazardous waste closed during satellite accumulation; 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.173(a).

During the inspection several satellite accumulation containers were open. Containers of hazardous waste in satellite accumulation must be kept closed except when adding or removing the waste. To be considered closed, the container must be sealed so that no waste would be spilled if it were to tip.

Please provide documentation that all satellite accumulation containers are kept close.

7. Accumulation of greater than 55 gallons (one quart of acutely hazardous waste) of hazardous waste in the satellite accumulation area; 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1). The regulations allow a maximum of 55 gallons of hazardous waste to be accumulated at the satellite accumulation area.

Ozark operates two (2) paint booths and each paint booth has 55-gallon satellite accumulation containers containing the same types of hazardous wastes. At the time of inspection there was greater than 55-gallons of paint dust/floor sweeping accumulated in satellite accumulation.

Please provide documentation that no more than 55-gallons of the same types of hazardous waste are in satellite accumulation.

8. Failure to mark containers of hazardous waste in satellite accumulation identifying contents and beginning date of accumulation; 10 CSR 25-5.262(2)(C)3.

At the time of inspection none of the hazardous waste satellite containers were marked identifying the contents or the beginning date of accumulation. The date in which the first waste goes into the satellite accumulation container must be provided on that container. This date can then be changed to reflect the date the container is moved into the hazardous waste storage area.

Please provide documentation that all hazardous waste satellite accumulation containers are marked identifying the contents and the beginning date of accumulation.

9. Failure to maintain a device in the hazardous waste operation area capable of summoning emergency assistance; 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.34(a).

The hazardous waste storage area is not equipped with a device to summons emergency assistance. This requirement may be achieved by placing a telephone, two- (2) way radio or air horn, etc. in the operation area.

Please provide documentation that a device capable of summoning emergency assistance is available at the hazardous waste storage area.

10. Failure to include the generator's Missouri and EPA identification numbers on the manifest; 10 CSR 25-5.262(2)(B).

Manifest number 00057 did not include the generator's Missouri and EPA identification numbers. This manifest was for the shipment of sludge generated by the Safety-Kleen reclamation unit.

Effective immediately, all manifests must include the generator's Missouri and EPA identification numbers.

11. Failure to include all transporter's names, phone numbers, license plate numbers, Missouri and EPA identification numbers; 10 CSR 25-5.262(2)(B)2.

Several of Ozark's manifests failed to include the transporter's license plate numbers and Missouri identification number.

Effective immediately, all manifests must include the transporter's name, phone number, license plate number, Missouri and EPA identification numbers.

12. Failure to designate the containers, quantity and specific gravity of waste on the manifest; 10 CSR 25-5.262(2)(B)2.

The Missouri hazardous waste regulations require the specific gravity of the waste to be provided on the manifests for wastes listed in gallons, liters or cubic yards. All of Ozark's manifests that listed hazardous waste in gallons did not list the specific gravity of the waste.

Effective immediately, all manifests that lists hazardous waste in gallons must also list the specific gravity of the waste.

Ozark Mountain Technologies, Inc.

April 4, 2003

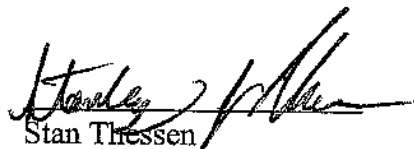
Page Six

COMMENTS:

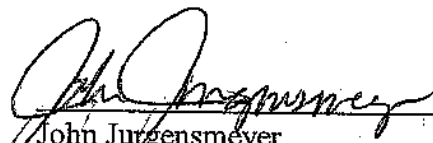
Ozark is advised to reevaluate their hazardous waste streams and the amount of hazardous waste generated each month. Currently Ozark is registered as a small quantity generator. Small quantity generators are allowed to generate and/or store up to 1000 kg per month of hazardous waste. If the amount of additional hazardous waste streams identified during the inspection and the hazardous waste currently being generated totals more than 1000 kg per month, Ozark will be considered a large quantity generator and will have to comply with the large quantity generator regulations. If the frequency of cleaning the chromium process tanks increases and the total amount of hazardous waste generated facility wide is greater than 1000 kg, Ozark will also have to comply with the large quantity generator regulations.

I have enclosed several Fact Sheets regarding universal wastes. These Fact Sheets will assist you in the management, storage and disposal of universal wastes.

SUBMITTED BY:


Stan Thessen
Environmental Specialist

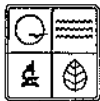
APPROVED BY:


John Jurgensmeyer
Chief, Land Wastes Unit

Attachments

ST:vh

c: Kathy Flippin, Hazardous Waste Program



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
**NOTICE OF VIOLATION PURSUANT TO REQUIREMENTS OF THE MISSOURI
HAZARDOUS WASTE MANAGEMENT LAW, RULES AND REGULATIONS**

FACILITY NAME Ozark Mountain Technologies, Inc.		NOTICE OF VIOLATION NUMBER 5433	
ADDRESS 109 Midland Dr.	CITY Cuba	STATE MO	ZIP CODE 65453
EPA ID NUMBER MOR000008037	MISSOURI ID NUMBER 031606	DATE OF INSPECTION 3-27-03	

During an inspection and/or a review of information or documentation completed this date to determine compliance with the requirements of the Missouri Hazardous Waste Management Law, Sections 260.350-260.550, RSMo and/or the Rules and Regulations at 10 CSR 25, the following violations were identified. The 40/49 CFR regulations cited below have been adopted by reference in the Missouri Hazardous Waste Regulations.

CITATION	DESCRIPTION OF VIOLATION
1. 40 CFR 262.11	Failure to determine if waste is hazardous.
2. 40 CFR 265.173(a)	Failure to keep containers closed in storage.
3. 10 CSR 25-5.262(2)(C)1	Failure to package/label/mark waste per DOT during entire on-site storage period.
4. 40 CFR 262.34(a)(2)	Failure to mark containers with the date of accumulation.
5. 40 CFR 262.34(a)(3)	Failure to mark containers with the words "Hazardous Waste".
6. 40 CFR 265.173(a)	Failure to keep containers closed in satellite accumulation.
7. 40 CFR 262.34(c)(1)	Greater than 55-gallons of hazardous waste accumulated in satellite accumulation.
8. 10 CSR 25-5.262(2)(C)3	Failure to mark satellite containers identifying contents and beginning date of accumulation.

This information is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order issued pursuant to Section 260.410, RSMo and may not be a complete listing of all violations which may be identified as a result of this inspection.

The owner/operator is hereby requested to submit in writing within 15 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken _____ to:

Hazardous Waste Program, Enforcement Section, Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102,
with a copy to Jefferson City Regional Office, P.O. Box 176, Jefferson City, MO 65102.

If you have any questions about this notice or wish to discuss your response, you may call me at 573-751-2729.

Signature of Preparer: Stanley J. Thessen

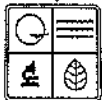
Date: 4-3-03

Printed Name of Preparer: Stanley J. Thessen Environmental Specialist III

The undersigned person hereby acknowledges that he/she received a copy of this Notice and has read same.

SIGNATURE (PERSON RECEIVING NOTICE)	PRINTED NAME (PERSON RECEIVING NOTICE)
Sent Certified Mail # 7001 2510 0005 5346 4667	
TITLE OR POSITION	DATE

Handwritten text, possibly a signature or date, located at the bottom center of the page.



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
**NOTICE OF VIOLATION PURSUANT TO REQUIREMENTS OF THE MISSOURI
HAZARDOUS WASTE MANAGEMENT LAW, RULES AND REGULATIONS**

FACILITY NAME Ozark Mountain Technologies, Inc.		NOTICE OF VIOLATION NUMBER 5433	
ADDRESS 109 Midland Dr.	CITY Cuba	STATE MO	ZIP CODE 65453
EPA ID NUMBER MOR000008037	MISSOURI ID NUMBER 031606	DATE OF INSPECTION 3-27-03	

During an inspection and/or a review of information or documentation completed this date to determine compliance with the requirements of the Missouri Hazardous Waste Management Law, Sections 260.350-260.550, RSMo and/or the Rules and Regulations at 10 CSR 25, the following violations were identified. The 40/49 CFR regulations cited below have been adopted by reference in the Missouri Hazardous Waste Regulations.

CITATION	DESCRIPTION OF VIOLATION
9. 40 CFR 265.34(a)	Failure to provide a device in the hazardous waste storage area capable of summoning emergency assistance.
10. 10 CSR 25-5.262(2)(B)1	Failure to list the generator's Missouri and EPA identification numbers on the manifests.
11. 10 CSR 25-5.262(2)(B)1&2	Failure to list the transporter's Missouri identification number on manifests.
12. 10 CSR 25-5.262(2)(B)1&2	Failure to designate the specific gravity.

This information is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order issued pursuant to Section 260.410, RSMo and may not be a complete listing of all violations which may be identified as a result of this inspection.

The owner/operator is hereby requested to submit in writing within 15 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken _____
to:

Hazardous Waste Program, Enforcement Section, Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102,
with a copy to _____ Jefferson City _____ Regional Office, _____ P.O. Box 176, Jefferson City, MO 65102.

If you have any questions about this notice or wish to discuss your response, you may call me at 573-751-2729.

Signature of Preparer: Stanley J. Thessen Date: 4-3-03

Printed Name of Preparer: Stanley J. Thessen Environmental Specialist III

The undersigned person hereby acknowledges that he/she received a copy of this Notice and has read same.

SIGNATURE (PERSON RECEIVING NOTICE) Sent Certified Mail # 7001 2510 0005 5346 4667	PRINTED NAME (PERSON RECEIVING NOTICE)
TITLE OR POSITION 	DATE



SMALL QUANTITY GENERATOR INSPECTION CHECKLIST

NAME <i>Opport Mountain Technologies Inc</i>		DATE <i>3-27-03</i>		EPA ID NUMBER <i>MDR000008037</i>
ADDRESS <i>P.O. Box 680, 109 Midland Dr.</i>		RR NUMBER <i>—</i>		MO ID NUMBER <i>031606</i>
CITY <i>Cuba</i>	COUNTY <i>Crawford</i>	ZIP CODE <i>65453</i>	YEARS AT SITE <i>9</i>	TELEPHONE NUMBER <i>573-885-3018</i>
DATE(S) OF LAST INSPECTION(S) <i>—</i>				NUMBER OF EMPLOYEES <i>43</i>

~~Mr~~ Mea Amatherman SR.

USED OIL GENERATOR, RESOURCE RECOVERY, AND TANK ATTACHMENT

☐ YES ☒ NO

UNIVERSAL WASTE ATTACHMENT

☐ YES ☒ NO

See Report

DESCRIBE EACH WASTE STREAM GENERATED (INCLUDING THE PRODUCTION PROCESS)	GENERATION RATE	EPA WASTE CODES	DISPOSITION
1. <i>See Report</i>			
2.			
3.			
4.			
5.			

A. GENERAL			COMMENTS
1. <input checked="" type="checkbox"/> Registered as a hazardous waste generator - Section 260.380.1 (1) RSMo and 10 CSR 25-5.262(2)(A).	1	GGR	
2. <input type="checkbox"/> Facility determines if waste is hazardous - 10 CSR 25-5.262(1) incorporating 40 CFR 262.11.	1	GGR	
3. <input checked="" type="checkbox"/> Uses a licensed hazardous waste transporter - Section 260.380.1(5) RSMo.	1	GGR	
4. <input checked="" type="checkbox"/> Uses authorized hazardous waste TSD or RR facility - Section 260.380.1(7) RSMo.	1	GGR	
5. <input checked="" type="checkbox"/> Does not operate as a TSD - Section 260.390.1(1) RSMo.	1	GGR	
6. <input checked="" type="checkbox"/> Facility has updated notification as required - 10 CSR 25-5.262(2)3.B.	2	GGR	
7. <input checked="" type="checkbox"/> Materials are not accumulated speculatively - 10 CSR 25-4.261 incorporating 40 CFR 261.1(c)(8).	2	GGR	
8. <input checked="" type="checkbox"/> Facility can demonstrate legitimate recycling - 10 CSR 25-4.261 incorporating 40 CFR 261.2(f).	2	GGR	

PART 1: WALK-THROUGH INSPECTION

B. PRETRANSPORT, CONTAINERIZATION & STORAGE			COMMENTS
1. <input checked="" type="checkbox"/> Storage does not exceed 180 days or 270 days if transported > 200 miles - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d) or 40 CFR 262.34(e).	1	GPT	
2. <input checked="" type="checkbox"/> Containers in good condition - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.171.	1	GPT	
3. <input checked="" type="checkbox"/> Waste compatible with container - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.172.	1	GPT	
4. <input type="checkbox"/> Containers closed in storage - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.173(a).	1	GPT	
5. <input checked="" type="checkbox"/> Containers storing incompatible waste separated or protected from each other by a dike, berm or wall - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.177(c).	1	GPT	
6. <input checked="" type="checkbox"/> Containers of ignitable or reactive waste stored > 50 ft. from property line (or meet requirements) - 10 CSR 25-5.262(2)(C)6 referencing 40 CFR 265.176 as amended by 10 CSR 25-7.265(2)(I) 7 & 8.	2	GOR	
7. <input type="checkbox"/> Waste packaged/labeled/marked per DOT during entire on-site storage period - 10 CSR 25-5.262(2)(C)1.	2	GOR	
8. <input type="checkbox"/> Date of accumulation marked on containers - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(2).	2	GPT	
9. <input checked="" type="checkbox"/> Containers protected from contact with accumulated liquids - 10 CSR 25-5.262(2)(C)2.D(II).	2	GOR	
10. <input type="checkbox"/> Containers clearly marked "Hazardous Waste" - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).	2	GPT	
11. <input checked="" type="checkbox"/> Facility inspected and maintained (weekly) - 10 CSR 25-5.262(2)(C)2.C(I) & (II) referencing 40 CFR 265.174.	2	GPT	
12. <input checked="" type="checkbox"/> Daily inspection of areas subject to spills, i.e., waste handling areas - 10 CSR 25-5.262(2)(C)2.C(II).	2	GOR	
13. <input checked="" type="checkbox"/> Adequate aisle space is available - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.35.	2	GPT	
14. <input checked="" type="checkbox"/> Placards available for transporter - 10 CSR 25-5.262(1) incorporating 40 CFR 262.33.	2	GPT	
15. <input checked="" type="checkbox"/> Precautions are taken to prevent accidental ignition or reaction of ignitable or reactive wastes, including confining smoking and open flame to specially designated locations and conspicuously placing "No Smoking" signs by ignitable or reactive wastes- 10 CSR 25-5.262(2)(C)2.F(II).	2	GOR	

C. SATELLITE ACCUMULATION			COMMENTS
1. <input type="checkbox"/> Containers kept closed - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(I) referencing 40 CFR 265.173(a).	1	GPT	

C. SATELLITE ACCUMULATION (CONTINUED)			COMMENTS
2. <input checked="" type="checkbox"/> Containers in good condition - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.171.	1	GPT	
3. <input checked="" type="checkbox"/> Waste compatible with container - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.172.	1	GPT	
4. <input checked="" type="checkbox"/> Quantities accumulated not exceeding 55 gallons (1 quart of acutely-hazardous wastes) - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1).	1	GPT	
5. <input checked="" type="checkbox"/> Satellite containers go to storage within 3 days of filling - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(2).	1	GPT	
6. <input type="checkbox"/> Container marked identifying contents and beginning date - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(ii) as modified by 10 CSR 25-5.262(2)(C)3.	2	GPT	
7. <input checked="" type="checkbox"/> Stored in satellite areas less than 1 year - 10 CSR 25-5.262(2)(C)3.	2	GPT	
8. <input checked="" type="checkbox"/> Satellite containers stored at or near the point of waste generation and under the control of the operator - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1).	2	GPT	
D. PREPAREDNESS, PREVENTION AND EMERGENCY PROCEDURES			
1. <input checked="" type="checkbox"/> Facility operated and maintained to minimize the possibility of an emergency - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(a)(4) referencing 40 CFR 265.31.	1	GPT	
2. <input checked="" type="checkbox"/> Adequate and proper spill control, decontamination and safety equipment available (fire blankets, respirators, SCBA, absorbents, etc.) - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32 as amended by 10 CSR 25-5.262(2)(C)2.G.	2	GPT	
3. <input checked="" type="checkbox"/> Adequate water supply and fire control equipment - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32(c) and (d).	2	GPT	
4. <input checked="" type="checkbox"/> Communication and emergency equipment tested and maintained - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.33.	2	GPT	
5. <input checked="" type="checkbox"/> Emergency coordinator's name and phone number posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii)(A).	2	GPT	
6. <input checked="" type="checkbox"/> Telephone number of fire department posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii)(C).	2	GPT	
7. <input checked="" type="checkbox"/> Location of fire extinguisher and spill control equipment posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii)(B).	2	GPT	
8. <input checked="" type="checkbox"/> Employees familiar with waste handling and emergency procedures - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(iii).	2	GPT	
9. <input type="checkbox"/> Device in the hazardous waste operation area capable of summoning emergency assistance - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.34(a).	2	GPT	
10. <input checked="" type="checkbox"/> Telephone or two-way radio on-site and capable of summoning local fire or police department, or local or state emergency response teams - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32(b).	2	GPT	
11. <input checked="" type="checkbox"/> Arrangements with local emergency agencies - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.37.	2	GPT	
12. <input checked="" type="checkbox"/> Emergency coordinator(s) on premise or on call - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(i).	2	GPT	
PART 2: RECORDS INSPECTION			
E. MANIFESTS			COMMENTS
1. <input checked="" type="checkbox"/> Facility uses manifest system or wastes reclaimed under contractual agreement - Section 260.380.1(6) RSMo and 10 CSR 25-5.262(2)(B) or 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(e)1.	1	GMR	

E. MANIFESTS (CONTINUED)			COMMENTS
2. <input checked="" type="checkbox"/> Tests waste or uses knowledge of waste to determine if the waste is restricted from land disposal - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(a).	1	GLB	
3. <input checked="" type="checkbox"/> Generator maintains a copy of the reclamation agreement on-site for at least 3 years after expiration of agreement - 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(e)(2).	2	GMR	
4. <input checked="" type="checkbox"/> Manifests maintained for a 3-year period - 10 CSR 25-5.262(1) incorporating 40 CFR 262.40(a).	2	GMR	
5. <input checked="" type="checkbox"/> Generator's MO & EPA ID numbers - 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(a) as amended by 10 CSR 25-5.262(2)(B)1.	2	GMR	
6. <input checked="" type="checkbox"/> MO Manifest document ID and consecutive shipment numbers - 10 CSR 25-5.262(2)(B)2.A.	2	GMR	
7. <input checked="" type="checkbox"/> Generator's name, address and phone number - 10 CSR 25-5.262(2)(B)1.	2	GMR	
8. <input checked="" type="checkbox"/> All transporter's names, phone numbers, MO & EPA ID numbers, and license plate numbers - 10 CSR 25-5.262(2)(B)1 & 2.	2	GMR	
9. <input checked="" type="checkbox"/> Designated facility name, address, phone number, and MO & EPA ID numbers - 10 CSR 25-5.262(2)(B)1 & 2.	2	GMR	
10. <input checked="" type="checkbox"/> DOT shipping name, Hazard Class and waste ID number (RQ - if required) - 10 CSR 25-5.262(2)(B) 1 & 2.	2	GMR	
11. <input checked="" type="checkbox"/> Containers, quantity and specific gravity designated - 10 CSR 25-5.262(2)(B) 1 and 2.	2	GMR	
12. <input checked="" type="checkbox"/> Manifest signed and dated - 10 CSR 25-5.262(2)(B) 1.	2	GMR	
13. <input checked="" type="checkbox"/> Manifest returned within 35 days - or exception report submitted within 45 days - 10 CSR 25-5.262(2)(D)2.C.	2	GRR	
14. <input checked="" type="checkbox"/> "Land-Ban" notification/certification sent with manifests or with first shipment - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(a).	2	GLB	
15. <input checked="" type="checkbox"/> Notification/certification includes correct EPA hazardous waste number, corresponding treatment standards, manifest number, and waste analysis data - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(b).	2	GLB	

CHECKLIST KEY

Check the box if in compliance.

Circle the box if not in compliance and provide comment.

N/A = Not Applicable.

An item emphasized by a black line on the left is a serious deviation from the requirements (Class I Violation).

An unemphasized item is a significant deviation from the requirements (Class II Violation unless conditions warrant Class I)

COMMENTS: INCLUDE DISCUSSION OF FACILITY'S WASTE MINIMIZATION PLAN

*Reclamation of MEK. Machine provided by Safety - Green
50 gal/month.*

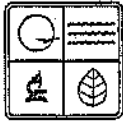
CHECK ALL POTENTIAL MULTI-MEDIA VIOLATIONS AND IMPACTS (SPECIFY AND COMMENT BELOW)

APC	PDW	SWM	HW	WPC
<input type="checkbox"/> Fugitive Dust	<input type="checkbox"/> Taste & Odors	<input type="checkbox"/> Open Dumps	<input type="checkbox"/> Transportation	<input type="checkbox"/> Animal Waste
<input type="checkbox"/> Particulate	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Littering	<input type="checkbox"/> PCBs	<input type="checkbox"/> Bypassing
<input type="checkbox"/> Burning	<input type="checkbox"/> Pressure	<input type="checkbox"/> Waste Tire Dump	<input type="checkbox"/> USTs/LUSTs	<input type="checkbox"/> Treatment Plant Operation
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Color	<input type="checkbox"/> SLF	<input type="checkbox"/> Other	<input type="checkbox"/> Sawdust
<input type="checkbox"/> Odors	<input type="checkbox"/> Flow	<input type="checkbox"/> Other		<input type="checkbox"/> Sludge
<input type="checkbox"/> Toxics	<input type="checkbox"/> Toxics			<input type="checkbox"/> Single Family
<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Storm Water
				<input type="checkbox"/> Toxics/UST
				<input type="checkbox"/> Other

COMMENTS

INSPECTOR'S SIGNATURE

DATE



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

S

**SMALL QUANTITY GENERATOR INSPECTION CHECKLIST - USED OIL GENERATOR,
RESOURCE RECOVERY, AND TANK ATTACHMENT**

NAME	EPA ID NUMBER
CITY	MO ID NUMBER

USED OIL GENERATOR

(If Used Oil Processor, Re-refiner, Marketer, Collection, Aggregation Point, Transporter, or Transfer Facility, Please Use Appropriate Checklist)

F. USED OIL STORAGE

COMMENTS

1. <input type="checkbox"/> Used oil is managed properly and not disposed of into the environment or cause a public nuisance - 10 CSR 25-11.279(2)(B)4.B.	1	GOR
2. <input type="checkbox"/> Containers in good condition - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(b)(1).	1	GOR
3. <input type="checkbox"/> Containers storing used oil are not leaking - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(b)(2).	1	GOR
4. <input type="checkbox"/> Containers/aboveground tanks are labeled or marked clearly "Used Oil" - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(c)(1).	2	GOR
5. <input type="checkbox"/> Fill pipes used to transfer used oil into underground storage tanks are labeled or marked clearly "Used Oil" - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(c)(2).	2	GOR
6. <input type="checkbox"/> Containers/tanks which are exposed to rainfall are closed - 10 CSR 25-11.279(2)(C)6.	2	GOR
7. <input type="checkbox"/> Clean up any spills or leaks of used oil - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(d).	2	GOR
8. <input type="checkbox"/> Mixtures of used oil and hazardous waste are managed according to state hazardous waste regulations - 10 CSR 25-11.279(2)(B)2.	2	GOR

G. ON-SITE BURNING

COMMENTS

1. <input type="checkbox"/> Burn only their own used oil or used oil from DIY'ers or exempt farmers - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(a) as amended by 10 CSR 25-11.279(2)(A)1.	1	GOR
2. <input type="checkbox"/> Burn only in space heaters with design capacity < .5 million BTU/hr - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(b).	1	GOR
3. <input type="checkbox"/> Combustion gases from the heater are vented to the ambient air - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(c).	1	GOR

H. OFF-SITE SHIPMENTS TO APPROVED COLLECTION CENTERS

COMMENTS

1. <input type="checkbox"/> Used oil is transported by transporters who have obtained EPA identification numbers <u>unless one of the following is met</u> - 10 CSR 11.279(1) incorporating 40 CFR 279.24.	1	GOR
OR 40 CFR 279.24(a)		
2. <input type="checkbox"/> Transports used oil in a vehicle owned by the generator or owned by an employee of the generator - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(1).	2	GOR
3. <input type="checkbox"/> Transports no more than 55 gallons of used oil at any time - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(2).	2	GOR
4. <input type="checkbox"/> Transports the used oil to a used oil collection center that is registered, licensed, permitted, or recognized by a state/county/municipal government to manage used oil - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(3).	2	GOR
OR 40 CFR 279.24(b)		
5. <input type="checkbox"/> Transports the used oil to an aggregation point that is owned and/or operated by the same generator - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(b)(3).	2	GOR

OR 40 CFR 279.24(c)

6. <input type="checkbox"/> Used oil is reclaimed under a contractual agreement (tolling arrangement) - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(c).	2	GOR
---	---	-----

I. RESOURCE RECOVERY

COMMENTS

1. <input type="checkbox"/> Valid RR certification for energy recovery or reclamation of hazardous waste obtained - 10 CSR 25-9.020(1)(A)3.	1	GOR
2. <input type="checkbox"/> Still bottoms or RR residues disposed of properly - Section 260.380.1(7) RSMo.	1	GOR

I. RESOURCE RECOVERY (CONTINUED)

COMMENTS

3. <input type="checkbox"/> Hazardous waste received from off-site manifested by hazardous waste transporter - 10 CSR 25-9.020(1)(A)2.	1	GOR
4. <input type="checkbox"/> Facility is classified as U, R1, or R2 accurately - 10 CSR 25-9.020(3)(A).	2	GOR
5. <input type="checkbox"/> Facility meets the operating conditions of certification - 10 CSR 25-9.020(3).	2	GOR
6. <input type="checkbox"/> Facility has submitted a written request and received approval from the DNR for all changes in operation including closure - 10 CSR 25-9.020(3)(E) 1 & 2.	2	GOR
7. <input type="checkbox"/> Facility maintains a written operating record - 10 CSR 25-9.020(3)(E)5 referencing 40 CFR 264.73(b)(1) and (2) as modified by 10 CSR 25-7.264(2)(E)2.	2	GOR
8. <input type="checkbox"/> Facility has notified EPA and the state that it qualifies for a small quantity on-site burner exemption or has interim status or a permit if it burns hazardous waste on-site - 10 CSR 25-7.266(1) incorporating 40 CFR 266.108 and 40 CFR 266.103.	2	GOR
9. <input type="checkbox"/> Storage of hazardous waste destined for RR in accordance with all applicable state hazardous waste regulations - 10 CSR 25-9.020(1)(A).	2	GOR

J. SQG TANKS

TANK DESIGNATION	CONTENTS	CAPACITY	CONTAINMENT	AGE
1.				
2.				
3.				
4.				
5.				

COMMENTS

1. <input type="checkbox"/> Uncovered tanks have 2 feet freeboard or containment system - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(3).	1	GPT
2. <input type="checkbox"/> Continuously fed tanks equipped with a feed cut-off system or a proper by-pass system - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(4).	1	GPT
3. <input type="checkbox"/> Waste or treatment method is compatible with tank - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(2).	1	GPT
4. <input type="checkbox"/> Incompatible wastes not placed in same tank - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(f)(1).	1	GPT
5. <input type="checkbox"/> Ignitable or reactive wastes rendered safe/protected from sources of ignition or reaction - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(e)(1).	1	GPT
6. <input type="checkbox"/> Ignitable or reactive wastes in covered tanks treated/stored in accordance with NFPA's buffer zone requirements - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(e)(2).	1	GPT
7. <input type="checkbox"/> Volatiles with vapor pressure > 78 mm Hg @ 25° C not placed in open tanks - 10 CSR 25-5.262(2)(C)2.F(I).	1	GPT
8. <input type="checkbox"/> Wastes and residues removed from tank and equipment, and handled properly upon closure - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(d).	1	GPT
9. <input type="checkbox"/> Tanks are clearly labeled or marked "Hazardous Waste" - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).	2	GPT
10. <input type="checkbox"/> Inspection of waste feed cut off, bypass system, monitoring data and freeboard each operating day - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(c).	2	GPT
11. <input type="checkbox"/> Weekly inspection of confinement structure, construction materials and general area for leaks, corrosion or discharges - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(c)5.	2	GPT
12. <input type="checkbox"/> Daily inspection of areas subject to spills, i.e., waste handling areas - 10 CSR 25-5.262(2)(C)2.C(II) referencing 40 CFR 265.195.	2	GPT

Locational Data Collection Sheet

Department of Natural Resources

ALPD - Hazardous Waste Program

This sheet is used to record required locational data. Attach the *Optional Locational Data Collection Sheet* if you need to record additional information.

1. Key Identifier		(Leave Blank)	
2. Facility ID, Permit Number or Other Identifier		MOR 000008037	
3. Facility or Site (Name and Physical Address)			
Ogark Mountain Technologies Inc			
109 Midland Dr			
Cuba MO 65453			
4. Entity Type	(1) FF - Federal Facility	(2) Gen - Generator	(3) TSD - Treatment Storage and/or Disposal
		(4) SF - Superfund	(5) VCP - Voluntary Clean-up
		(6) RR - Resource Recovery	(7) PST - Petroleum Storage Tank
Other:			
5. Unit of Measurement	Degrees/Minutes/Seconds	Decimal Degrees	UTM (Round to nearest Meter)
Latitude	N 38.05258	Longitude	W 091.39369
Easting	Meters	Northing	Meters
		Zone	15 or 16
6. Method of Determining Location (Indicate the method used to determine the locational data)			
Address Matching (Geocoding)		Code	
Block/Group	A2		Differential Post Processing G3
Digitization	A6		Precise Positioning Service G4
Nearest Street Intersection	A4		Signal Averaging G5
Other Address Matching	AO		Real Time Differential Processing G6
Primary Street Name	A5		Interpolation
Street Centerline	A3		Aerial Photograph I2
Zip Code Centroid (Center)	Z1		Topographic Map I1
Census - 1990			Satellite Imagery I3
Block Centroid (Center)	C1		Other Interpolation IO
Block/Group Centroid	C2		Other
Block/Track Centroid	C3		Classic Survey S1
Other Centroid	CO		Land Survey P1
Global Positioning System			Loran C Code L1
Static Mode	G1		Quarter Section Description S2
Kinematic Mode (Dynamic)	G2		Unknown UN
7. Make & Model of GPS Receiver (if Applicable)	MARCH II	GARMIN 12XL	OTHER
8a. PDOP			
8b. Locational Data Accuracy	+/- meters or +/- feet		
9. Type of Locational Data Represented	Point	Line	Area
10. Horizontal Datum (Indicate the horizontal datum used to locate the collection site feature)			
(1) NAD27	(2) NAD83	(3) WGS84	(U) Unknown Other:

Locational Data Collection Sheet

Department of Natural Resources

11. Collection Site Feature: (Mark the feature where the locational data was collected. If needed, use 12. Descriptive Comments to provide details about the feature.)

Collection Site Feature	Code	Radioactive Source	Code
Air Sample	AM	Railroad	RR
Air Release/Stack	AS	Road	RD
Building	BL	Surface Impoundment	SI
Buried Waste/Waste Pit Area	BW	Sediment Sample	SD
Center of Operations	CO	Seep Area/Spring	SP
Described by Descriptive Comment Field	DC	Soil Sample	SS
Drinking Water Well	DW	Tank	TK
Drums	DM	Surface Water Sample	WS
Groundwater Sample	GS	Waste Pile	PL
Impacted Groundwater	IG	AREA FEATURES	
Impacted/Contaminated Soil/Spill	IS	Boundary of Operations	BO
Landfill	LF	Buried Waste/Waste Pit Area	BW
Main Office/Admin Building	MA	Boundary of Institutional Control Area (use Comments below)	IC
Main Access/Entrance/Gate	MG	Boundary of Impacted Groundwater	IG
Missouri Land Survey Monument	MM	Boundary of Impacted/Contaminated Soil/Spill Area	IS
Monitoring Well	MW	Boundary of Landfill	LF
Outfall	OP	Boundary of Pile	PL
Production/Industrial Well	PW	Boundary of Surface Impoundment	SI

Other (use Collection Site Descriptive Comments below)

12. Collection Site Descriptive Comments: (If needed, further describe the feature represented by the Collection Site Feature. For example, an outfall at the east end of pipe 12, or started at the NW corner, went clockwise around the site, recorded 77 points and ended back at the starting point.)

13. Source of Locational Data

Description	Code	NERO	D5	TAP	N5	EPA Headquarters	HQ
Citizen	CT	SLRO	D6	WPCP	N6	Private Sector	PV
Contractor	CR	APCP	D7	DEQ/Adm	N7	Regulated Entity	RE
Dun & Bradstreet	DB	ESP	D8	Kansas City Local Agency	L1	Tribe	TR
EPA, Region 7	R7	HWP	D9	Springfield Local Agency	L2	Unknown	UN
JCRO	D1	LRP	N1	St. Louis City Local Agency	L3		
SERO	D2	PDWP	N2	St. Louis County Local Agency	L4		
SWRO	D3	SWCP	N3				
KCRO	D4	SWMP	N4				
						Other	

14. Source Scale Used to Determine the Latitude and Longitude (if applicable)

Scale: 1:24,000; 1:100,000; Other _____; or Unknown

15. Your Name (Please Print)	STAN THESSEN	Date Collected	3-27-03
---------------------------------	--------------	----------------	---------



Hazardous Waste Division
P.O. Box 8913, Little Rock, AR 72219-8913
Telephone: (501) 682-0833

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.	Manifest Document No.	Page 1 of 1	Information in the checked boxes is not required by Federal law
1. Generator's Name and Address Chick's Machine Shop 109 Midland Drive P.O. Box 680 Cuba, MO 65453		2. Generator's US EPA ID No. MOR0000 080 37		3. State Manifest Document Number AR-1281320	
4. Generator's Phone 573-885-3018 Attn: Jim Cooley		5. State Generator's ID 031606		6. State Transporter's ID MOD0950 389 98	
7. Transporter's Company Name Tri-State Motor Transit Co		8. Transporter's Phone 800-234-876		9. State Transporter's ID RRAR07	
10. Designated Facility Name and Site KINECO 1007 Vulcan Road Benton, AR 72015		11. Facility's ID ARD9810 578 70		12. Facility's Phone 501-778-6321	
13. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) RQ. White Corrosive Liquid, Acidic, Inorganic, N.O.S. (Chronic Acid), 8. UN324, PG III, (D007 @ 10 lbs.) Waste Paint Related Material, 1, UN1263, PG III		14. Hazard Class DM		15. ID Number 0003087	
16. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in conformity with the requirements of the highway, rail, air, and water transportation laws and regulations of the United States and the State of Arkansas.		17. Response Information 573-885-3018		18. Waste No. F019	
19. If no alternate TSD, return to generator PU Date 21/302 10:38 AM Load# 56376		20. Facility's Response Information 573-885-3018		21. Waste No. D039/0037005	
22. Facility's Response Information 573-885-3018		23. Waste No. D039/0037005		24. Waste No. D039/0037005	
25. Facility's Response Information 573-885-3018		26. Waste No. D039/0037005		27. Waste No. D039/0037005	
28. Facility's Response Information 573-885-3018		29. Waste No. D039/0037005		30. Waste No. D039/0037005	
31. Facility's Response Information 573-885-3018		32. Waste No. D039/0037005		33. Waste No. D039/0037005	
34. Facility's Response Information 573-885-3018		35. Waste No. D039/0037005		36. Waste No. D039/0037005	
37. Facility's Response Information 573-885-3018		38. Waste No. D039/0037005		39. Waste No. D039/0037005	
40. Facility's Response Information 573-885-3018		41. Waste No. D039/0037005		42. Waste No. D039/0037005	
43. Facility's Response Information 573-885-3018		44. Waste No. D039/0037005		45. Waste No. D039/0037005	
46. Facility's Response Information 573-885-3018		47. Waste No. D039/0037005		48. Waste No. D039/0037005	
49. Facility's Response Information 573-885-3018		50. Waste No. D039/0037005		51. Waste No. D039/0037005	
52. Facility's Response Information 573-885-3018		53. Waste No. D039/0037005		54. Waste No. D039/0037005	
55. Facility's Response Information 573-885-3018		56. Waste No. D039/0037005		57. Waste No. D039/0037005	
58. Facility's Response Information 573-885-3018		59. Waste No. D039/0037005		60. Waste No. D039/0037005	
61. Facility's Response Information 573-885-3018		62. Waste No. D039/0037005		63. Waste No. D039/0037005	
64. Facility's Response Information 573-885-3018		65. Waste No. D039/0037005		66. Waste No. D039/0037005	
67. Facility's Response Information 573-885-3018		68. Waste No. D039/0037005		69. Waste No. D039/0037005	
70. Facility's Response Information 573-885-3018		71. Waste No. D039/0037005		72. Waste No. D039/0037005	
73. Facility's Response Information 573-885-3018		74. Waste No. D039/0037005		75. Waste No. D039/0037005	
76. Facility's Response Information 573-885-3018		77. Waste No. D039/0037005		78. Waste No. D039/0037005	
79. Facility's Response Information 573-885-3018		80. Waste No. D039/0037005		81. Waste No. D039/0037005	
82. Facility's Response Information 573-885-3018		83. Waste No. D039/0037005		84. Waste No. D039/0037005	
85. Facility's Response Information 573-885-3018		86. Waste No. D039/0037005		87. Waste No. D039/0037005	
88. Facility's Response Information 573-885-3018		89. Waste No. D039/0037005		90. Waste No. D039/0037005	
91. Facility's Response Information 573-885-3018		92. Waste No. D039/0037005		93. Waste No. D039/0037005	
94. Facility's Response Information 573-885-3018		95. Waste No. D039/0037005		96. Waste No. D039/0037005	
97. Facility's Response Information 573-885-3018		98. Waste No. D039/0037005		99. Waste No. D039/0037005	
100. Facility's Response Information 573-885-3018		101. Waste No. D039/0037005		102. Waste No. D039/0037005	



PLEASE TYPE

5-042-01

State Form LPC 62 8/81

IL532-0610

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CESQG	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address OZARK MOUNTAIN TECH. 109 MIDLAND DR. CUBA, MO 65453		Location If Different	A. Illinois Manifest Document Number IL 9896076		FEE PAID IF APPLICABLE
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 800 413-0011		6. US EPA ID Number MOD980971626	B. Generator's IL ID Number 9290019999		
5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC		8. US EPA ID Number SCR000075150	C. Transporter's ID Number UPW151288IL		
7. Transporter 2 Company Name SAFETY-KLEEN SYSTEMS, INC		10. US EPA ID Number ILD980613913	D. Transporter's Phone 573 443-54		
9. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 633 E 138TH ST DOLTON, IL 60419			E. Transporter's ID Number UPW151288IL		
			F. Transporter's Phone 618 398-69		
			G. Facility's IL ID Number 0310690006		
			H. Facility's Phone 708 225-8100		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RO WASTE PAINT RELATED MATERIAL 3 UN1263 PGII (D001)(ERG#128)(D001,D005, D006,D018,D035,D039,D040,F003,F005)		002	DM00218		EPA HW Number F003 F005
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number
J. Additional Description for Materials Listed Above IA) D001 D005 D006 D018 D035 D039 D040		K. Handling Codes for Wastes Listed Above In Item #14 PK-A-501 H020			
15. Special Handling Instructions and Additional Information EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR. SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY. TRANS H-1273 ID CESQG-4457 SKDOT# A: 3284 B: C: D: ILP179133 MFST R/T#101910215 0002-6910-64					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name JIM COOLEY		Signature Jim Cooley		Date Month Day Year 030702	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jon Glass		Signature Jon Glass		Date Month Day Year 030702	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name James D. Lyon		Signature James D. Lyon		Date Month Day Year 031302	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Robert Kitzel		Signature Robert Kitzel		Date Month Day Year 031902	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

TYPE III

A1 ALKALINE CLEAN
A2 RINSE
A3 DEOX.
A4 RINSE
A5 ETCH
A6 RINSE
A7 NITRIC DEOX.
A8 RINSE

B1 ALKALINE CLEAN
B2 RINSE
B3 DEOX.
B4 RINSE
B5 ETCH
B6 RINSE
B7 NITRIC DEOX.
B8 RINSE

C1 ALKALINE CLEAN
C2 RINSE
C3 DEOX.
C4 RINSE
C5 ETCH
C6 RINSE
C7 HARDEN ANODIZE



WALK-WAY

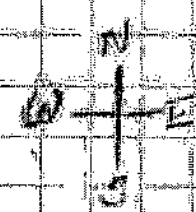








A9 TYPE III ANODIZE
A10 RINSE
A11 PEN-TEST DYE
A12 RINSE
A13 ALL-SEAL
A14 DICHRONITE SEAL
A15 RINSE
A16 DIL. HOT SEAL
A17 DILUTE SEAL
A18 Spray Rinse
A19 Spray Rinse
A20 TYPE III Chrome

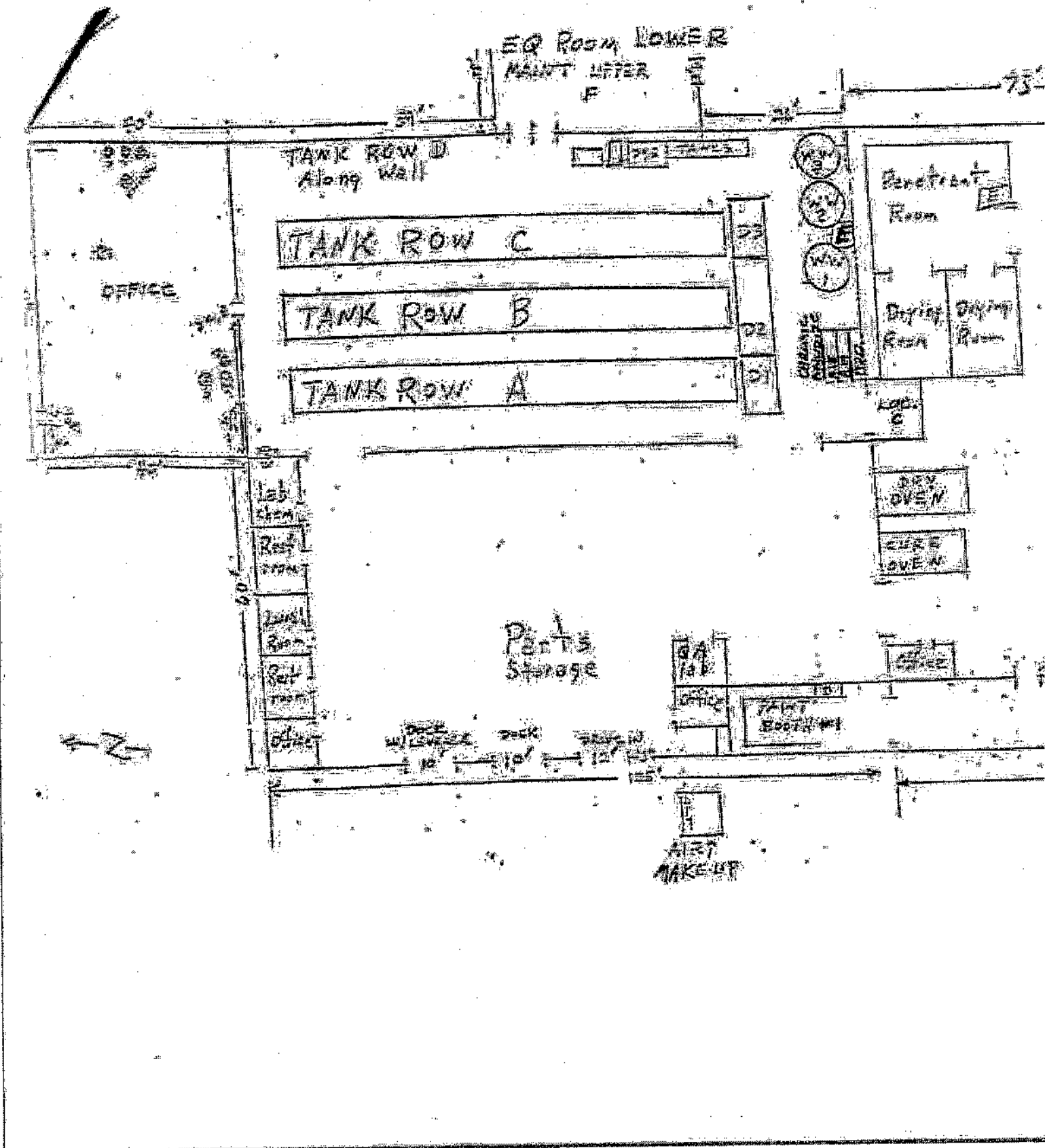
B9 TYPE III ANODIZE
B10 RINSE
B11 RINSE
B12 BLACK DYE
B13 RINSE
B14 RINSE
B15 DICHRONITE SEAL
B16 ALL-SEAL
B17 RINSE
B18 DIL. HOT

C8 RINSE
C9 HARDEN ANODIZE
C10 ALKALINE CLEANER TYPE III
C11 RINSE
C12 PICKLE
C13 PICKLE
C14 ANODINE 1200
C15 ALKALINE 1500
C16 RINSE
C17 DILUTE SEAL

D-2 COPPER PLATE
D-3 GOLD STRIP
D-4 PICKLE
D-5 NITRIC STRIP
D-6 ALKALINE
D-7 TETRAFLUORINE
D-8 TETRAFLUORINE SEAL
D-9 RED DYE
D-10 BLUE DYE

D1 NITRIC STRIP

	TANKS			CAPACITY AND LOCATION OF TANKS (GALLONS)
	A	B	C	
ROAD END FRONT OF BUILDING	A1 (1200)	B1 (760)	C1 (760)	
	A2 (1200)	B2 (760)	C2 (760)	
	A3 (1200)	B3 (760)	C3 (760)	
	A4 (1200)	B4 (760)	C4 (760)	
	A5 (1200)	B5 (760)	C5 (760)	
	A6 (1200)	B6 (760)	C6 (760)	
	A7 (1200)	B7 (760)	OPEN SPACE	
	A8 (1200)	B8 (760)	C7 (1000)	
	WALK WAY			D
	A9 (1500)	B9 (760)	C8 (760)	D1 (140)
	A10 (1200)	B10 (760)	C9 (1000)	
	A11 (1200)	B11 (760)	C10 (1000)	(40 GAL) 
	A12 (1200)	B12 (760)	C11 (760)	(40 GAL) 
	A13 (1200)	B13 (760)	C12 (760)	(40 GAL) 
	A14 (1050)	B14 (760)	C13 (760)	(50 GAL) 
	A15 (1200)	B15 (760)	C14 (760)	(50 GAL) 
	A16 (1200)	B16 (760)	C15 (760)	(40 GAL) 
	A17 (1200)	B17 (760)	C16 (760)	(40 GAL) 
	A18 (760)	B18 (760)	C17 (760)	(40 GAL) 



Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65101
TIER TWO - Emergency and Hazardous Chemical Inventory (General Information) Received By/Dat
Important: Please read all instructions before completing form Report period from January 1 to [] Check if information below is submitted last year
December 31, 2002

Facility Identification (2a) - Facility Location Facility Name: Ozark Mountain Tech Inc Street Address: 109 Midland Dr City: Cuba State: MO Zip: 65453 Phone: 573-885-3018 Fax: 573-885-3029 E-Mail: omt@fidnet.com County: Crawford		Owner/Operator Information (2b) Name: Greg E Smotherman Sr Mail Address: 15443 Old Hwy 66 City: St. James Sta Phone: 573-265-1094 Fa E-Mail: omt@fidnet.com	
Mailing Address: Name: Ozark Mountain Tech Inc Mail Address: P.O. Box 680 City: Cuba State: MO Zip: 65453		Regulatory point of Contact Information (2c) Name: Greg E Smotherman Sr Mail Address: 15443 Old Hwy 66 City: St. James Sta Phone: 573-265-1094 Fa E-Mail: omt@fidnet.com	
SIC Code: 3471 Dun & Bradstreet Number: 803865302 NAICS Code: 332813 TRI Number: na Latitude: D: 38 M: 3 S: 10 Longitude: D: 91 M: 23 S: 50		Emergency Contact Information (2d) Name: Greg E Smotherman Sr Phone: 573-885-3018 Name: Greg Smotherman Jr Phone: 573-885-3018	
Fire Department with Jurisdiction: Cuba City FD		Submission for Reporting Year: <input type="radio"/> Initial <input type="radio"/> Update	
Are Any Explosive Listed? No			
Land Owner: Other			

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 11, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Optional Attachments

☐ I have attached
☐ I have attached abbreviations
☐ I have attached safeguard measure

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

Next Page

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 64
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc	Emergency Contact Name: Greg E Smotherman Sr
City: Cuba State: MO Zip: 65453	

Chemical Description (3) [] Check if info is same as last year. CAS: 7697-37-2 Trade Secret: <input type="checkbox"/> Chemical Name: Nitric acid Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input checked="" type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: Nitric acid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe <input type="checkbox"/>
--	---	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code: D	1	4	Storage Location: Location A(see site plan)
Code: C	1	4	Storage Location: Tanks A-7, B-7, C-12 and C-13(see site plan)
Code: C	1	5	Storage Location: Tanks D-1, D-4 and D-5, D-6, D-8(see site plan)

Chemical Description (3) [] Check if info is same as last year. CAS: 7664-38-2 Trade Secret: <input type="checkbox"/> Chemical Name: Phosphoric acid 75% Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe <input type="checkbox"/>
--	---	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code: E	1	4	Storage Location: Location B(see site plan)
Code: C	1	6	Storage Location: Tanks D-2, D-3,(see site plan)

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

[Previous Page](#)
[Next Page](#)

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc	Emergency Contact Name: Greg E Smotherman Sr
City: Cuba State: MO Zip: 65453	

Chemical Description (3) [] Check if info is same as last year. CAS: 1333-82-0 Trade Secret: <input type="checkbox"/> Chemical Name: Chromic Acid Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Per <input checked="" type="checkbox"/>
--	--	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code: D	1	4	Storage Location: Location C(see site plan)
Code: C	1	5	Storage Location: Tanks A-20, D-2 and D-3(see site plan)

Chemical Description (3) [] Check if info is same as last year. CAS: 107-21-1 Trade Secret: <input type="checkbox"/> Chemical Name: Ethylene glycol Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Per <input checked="" type="checkbox"/>
---	---	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code: C	1	6	Storage Location: Equipment room lower level Location F(see site plan)
----------------	----------	----------	---

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through . of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

[Previous Page](#)
[Next Page](#)

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 64603
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc City: Cuba State: MO Zip: 65453	Emergency Contact Name: Greg E Smotherman Sr
---	--

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 7664-39-3 Trade Secret: <input type="checkbox"/> Chemical Name: Hydrofluoric acid Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input checked="" type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: Hydrofluoric acid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe <input type="checkbox"/>
---	--	---

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code:	D	1	4	Storage Location: Location B(see site plan)
Code:	C	1	4	Storage Location: Tanks C-12, C-13 and D-6(see site plan)

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 1310-73-2 <i>Isoprep-35</i> Trade Secret: <input type="checkbox"/> Chemical Name: Isoprep-35 Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe <input type="checkbox"/>
--	--	---

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code:	I	1	4	Storage Location: Location C(see site plan)
Code:	C	1	5	Storage Location: Tanks A-5, B-5, and C-5(see site plan)

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

[Previous Page](#)
[Next Page](#)

Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative
 Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

Next Page

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 64603
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc	Emergency Contact Name: Greg E Smotherman Sr
City: Cuba State: MO Zip: 65453	

Chemical Description (3) [] Check if info is same as last year. CAS: 78-93-3 Trade Secret: <input type="checkbox"/> Chemical Name: Methyl ethyl ketone Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe E
--	---	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)

Container Pressure Temperature			
Code: D	1	4	Storage Location: Location D and G (see site plan)

Chemical Description (3) [] Check if info is same as last year. CAS: 373-02-4 Trade Secret: <input type="checkbox"/> Chemical Name: Nickel Acetate Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe E
---	--	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)

Container Pressure Temperature			
Code: I	1	4	Storage Location: Location C(see site plan)
Code: C	1	5	Storage Location: Tanks A-13, B-16(see site plan)

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

[Previous Page](#)
[Next Page](#)

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc City: Cuba State: MO Zip: 65453	Emergency Contact Name Greg E Smotherman Sr
---	---

Chemical Description (3) [] Check if info is same as last year.

CAS: **7664-93-9** Trade Secret: ☐
 Chemical Name: **Sulfuric Acid 66 Be'**
 Check all that apply: (☒ ☒) (☐ ☒ ☐) ☒
 Pure Mix Solid Liquid Gas EHS
 EHS Name: **Sulfuric Acid 66 Be'**

Physical and Health Hazards (4)

Check all that apply:

- ☐ Fire
☐ Sudden Release of Pressure
☒ Reactivity
☒ Immediate (Acute)
☒ Delayed (Chronic)

Inventory (5)

Max Daily Amount Co
 Avg. Daily Amount Co
 No. of Days on Site Per ☐

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code:	E	1	4	Storage Location: Location B and E(see site plan)
Code:	C	1	4	Storage Location: Tanks A-9 and B-9(see site plan)
Code:	C	1	6	Storage Location: Tanks C-7 and C-9(see site plan)

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete

Name and official title of owner/operator OR owner/operator's authorized representative

 Name **Greg Smotherman Sr** Title **President** Signature _____ Date Signed **03/31/2003**
[Previous Page](#)
[Return to Facilities List](#)

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65110
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc City: Cuba State: MO Zip: 65453	Emergency Contact Name: Greg E Smotherman Sr
---	---

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 1333-82-0 Trade Secret: <input type="checkbox"/> Chemical Name: Alodine 1200s(chromium trioxide) Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe <input checked="" type="checkbox"/>
---	--	---

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code:	F	1	4	Storage Location:	Location C(see site plan)
Code:	C	1	4	Storage Location:	Tank C-14(see site plan)

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 16919-31-6 Trade Secret: <input type="checkbox"/> Chemical Name: Alodine 1500 Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe <input checked="" type="checkbox"/>
--	--	---

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code:	E	1	4	Storage Location:	Location B(see site plan)
Code:	C	1	5	Storage Location:	Tank C-15(see site plan)

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

[Previous Page](#)
[Next Page](#)

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc City: Cuba State: MO Zip: 65453	Emergency Contact Name: Greg E Smotherman Sr
---	---

Chemical Description (3) [] Check if info is same as last year. CAS: 13755-29-8 Trade Secret: <input type="checkbox"/> Chemical Name: Alodine 600 Check all that apply: (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input type="checkbox"/>) (<input type="checkbox"/>) Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Per <input checked="" type="checkbox"/>
--	--	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code:	F	1	4	Storage Location: Location C(see site plan)
Code:	C	1	4	Storage Location: Tank D-7(see site plan)

Chemical Description (3) [] Check if info is same as last year. CAS: 1310-73-2 <i>Acid. Hydro</i> Trade Secret: <input type="checkbox"/> Chemical Name: ARR-MAC Check all that apply: (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input type="checkbox"/>) (<input type="checkbox"/>) Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Per <input checked="" type="checkbox"/>
--	---	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code:	D	1	4	Storage Location: Location C(see site plan)
Code:	C	1	5	Storage Location: Tanks C-10(see site plan)

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

[Previous Page](#)
[Next Page](#)

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65101
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc	Emergency Contact Name: Greg E Smotherman Sr
City: Cuba State: MO Zip: 65453	

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 9084-06-4 Trade Secret: <input type="checkbox"/> Chemical Name: Aul Seal Check all that apply: (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input type="checkbox"/>) (<input type="checkbox"/>) Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe
---	--	---

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code: E	1	4	Storage Location: Location C(see site plan)
Code: C	1	5	Storage Location: Tanks A-13, B-16(see site plan)

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 1310-73-2 Trade Secret: <input type="checkbox"/> Chemical Name: Caustic Soda 50% <i>Ind. H ydr</i> Check all that apply: (<input checked="" type="checkbox"/>) (<input type="checkbox"/>) (<input type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input type="checkbox"/>) (<input type="checkbox"/>) Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Co Avg. Daily Amount Co No. of Days on Site Pe
---	---	---

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code: E	1	4	Storage Location: Location A and E(see site plan)
----------------	----------	----------	--

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

[Previous Page](#)
[Next Page](#)

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65
TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: Ozark Mountain Tech Inc	Emergency Contact Name: Greg E Smotherman Sr
City: Cuba State: MO Zip: 65453	

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 56-81-5 Trade Secret: <input type="checkbox"/> Chemical Name: SC-700 Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Coc Avg. Daily Amount Co No. of Days on Site Per <input checked="" type="checkbox"/>
--	--	---

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code: C	1	6	Storage Location: Tank C-7 and C-9(see site plan)
Code: E	1	4	Storage Location: Location B(see site plan)

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 10588-01-9 Trade Secret: <input type="checkbox"/> Chemical Name: Sodium Bichromate Check all that apply: (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name:	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Coc Avg. Daily Amount Co No. of Days on Site Per <input type="checkbox"/>
---	--	--

Storage Codes and Locations (6) (Note: This information is Not Confidential)
Container Pressure Temperature

Code: J	1	4	Storage Location: Location C(see site plan)
Code: C	1	5	Storage Location: Tanks A-14, B-15, D-4 (see site plan)

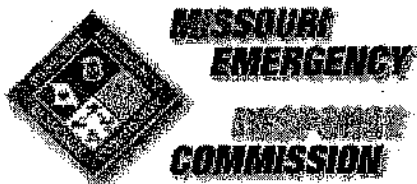
Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete

Name and official title of owner/operator OR owner/operator's authorized representative

Name Greg Smotherman Sr Title President Signature _____ Date Signed 03/31/2003

[Previous Page](#)
[Next Page](#)



STATE OF MISSOURI

FACILITY LIST INSTRUCTIONS F.A.Q. LOG OUT HOME
TIER II ON-LINE REPORTING SUPERVISOR ASSOCIATE LINC

ON-LINE FEDERAL E.P.A. TIER II REPORTING

3 Chemical Inventory

Ozark Mountain Tech Inc

Chemical Name	CAS #	Update Chemical	Update Storage	Delete Chemical
Alodine 1200s(chromium trioxide)	1333-82-0	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Alodine 1500	16919-31-6	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Alodine 600	13755-29-8	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
ARR-MAC	1310-73-2	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Aul Seal	9084-06-4	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Caustic Soda 50%	1310-73-2	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Chromic Acid	1333-82-0	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Ethylene glycol	107-21-1	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Hydrofluoric acid	7664-39-3	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
ISOPREP-184	10028-22-5	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Isoprep-35	1310-73-2	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
LIQUEFIED PETROLEUM GAS	74-98-6	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Methyl ethyl ketone	78-93-3	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Nickel Acetate	373-02-4	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Nitric acid	7697-37-2	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL

Phosphoric acid 75%	7664-38-2	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
SC-700	56-81-5	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Sodium Bichromate	10588-01-9	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL
Sulfuric Acid 66 Be'	7664-93-9	UPDATE CHEMICAL	UPDATE LOCATION	DELETE CHEMICAL

[BACK TO FACILITY LIST](#)[ADD A NEW CHEMICAL](#)[DELETE ALL CHEMICALS](#)



109 Midland Dr. • P.O. Box 680 • Cuba, MO 65453 • 1-800-413-0011 • FAX (573) 885-3029

Dear Prospective Customer:

We would like to take this opportunity to introduce you to our company and the services which we provide.

Ozark Mountain Technologies, Inc. was formed in February of 1993. Although the company is fairly young, we bring over 200 years of combined experience in the fields of processing, quality and manufacturing. Our quality system is built around ASQC-Q9003. Statistical Process Control (SPC) is used within our facility for monitoring and controlling our chemical baths. Our processing lines are semi-automated which allows us the versatility of running small custom work or high volume production, with competitive pricing due to low overhead cost.

Enclosed is a description of our facility and equipment. Below is a listing of some of the customers for whom we currently hold approvals for our system and various processes, in addition we have included a listing of our processing capabilities.

Boeing [(BCAG) including Boeing Seattle, Wichita, Oak Ridge TN, St Louis(McDonnell Douglas), and California (Douglas Aircraft)], current Boeing approvals are listed in the latest D1-4426 publication.

No Limitations

Douglas, California

DPS 11.01 Anodize Type I, Class 1, Chromic Acid
DPS 11.01-3 Anodize Type I, Class 1, Chromic Acid, Chromate Sealed
DPS 11.04 Anodizing Type III, Class 1 (Hardcoat)
DPS 11.05 Anodize Type II Class 1, Sulfuric Acid
DPS 11.05-1 Anodize Type II Class 1, Controlled Thickness
DPS 11.05-2 Anodize Type II Class 1, Thin Film
DPS 4.707 Penetrant Inspection
DPS 4.747 Approval of Penetrant Inspection Procedure on Aluminum Parts/Material (C-17)

McDonnell Douglas, St Louis

PS 13201 Anodize Type I, Class 1 and Type II Class 1 and 2
PS 13201.1 Anodize Type II Class 2, Non-Reflective Black
SPS 03510.1 Color Anodize
PS 13208 Anodize Type III, Class 1 (Hardcoat)
PS 18021 Application - Dry Film Lubricant
PS 21202 Penetrant Inspection - Aluminum, Cobalt & Nickel, Copper, Low Alloy Steels, Stainless Steel, Titanium

Ozark Mountain Technologies, Inc.
Facilities Listing

20,000 Sq Ft Facility Constructed 1994

9,000 Sq. Ft. Addition Constructed 1995

1,000,000 BTU Air Makeup Unit

Anodize Lines, Type I, II, and III, Class 1 and 2

Semi-Automated Type I Chromic Acid Anodize Line (12 Ft. Tanks)

Semi-Automated Type II Sulfuric Acid Anodize Line (12 Ft. Tanks)

Semi-Automated Type II Sulfuric Acid Anodize Line (8 Ft. Tanks)

Semi-Automated Type III Hardcoat Anodize Line (8 Ft. Tanks)

Chromate Conversion Coat (8 Ft Tanks)

Alodine 1200 - Multi-Colored

Alodine 600 - Multi-Colored

Alodine 1500 - Colorless or Clear

NDT Capabilities (Military and ASTM Requirements)

Fluorescent Penetrant Inspection Room

Pre-Penetrant Etch Capabilities (Military and ASTM Requirements)

Aluminum

Titanium

Stainless Steel

Copper & Brass

Cobalt & Nickel

Low Alloy Steel

Paint Room

Devilbiss Spray Booth (12x9x6)

Palatek 20 hp Air Compressor with Ultra Air Refrigerant Air Dryer

Ovens

Dispatch - Cabinet

Model #VRC2-26-1E

Working Area 36"W x 24"D x 48"H

Certified: $\pm 10^{\circ}\text{F}$ from 150° to 450°F

Certified: $\pm 25^{\circ}\text{F}$ up to 500°F

Dispatch - Walkin

Model S-300

Working Area: 6' W x 11' D x 7' H

Certified: $\pm 10^{\circ}\text{F}$ from 150° to 375°F

Certified: $\pm 25^{\circ}\text{F}$ up to 600°F

Blasting Cabinet

Skat-Blast

Working Area 24"W x 32"D x 24"H

Osmonics Reverse Osmosis (Dionized) Water System

Boilers

Les 80 hp Boiler

Clever Brooks 80 hp Boiler

Chillers

2 ea - 30 Ton Chiller

1 ea - 60 Ton Chiller

25 hp Gardner Denver Rotary Screw Air Compressor

Refrigerant Air Dryer

Forklifts

Clark 3500 lb. Forklift

Kalmar 5000 lb. Forklift

Delivery Equipment

1994 GMC Diesel 24 ft. Van Truck

1993 Freightliner Conventional Tractor, 48'x103" Box Trailer

1995 Ford Half Ton Pickup with Camper Shell

Boeing, Commercial and Military

Quality System	D1-9000 Section 1 and D1-4426
Mil-A-8625	Sulfuric Acid Anodizing of Alum Type II
BAC 5019	Chromic Acid Anodizing Class 1 & 4
BAC 5022	Sulfuric Acid Anodizing
Mil-C-5541	Conversion Coating on Aluminum Class 1A (Immersion Application only)
BAC 5719	Alodizing Aluminum (Immersion application only)
BAC 5625	Passivation of CRES Method 2
BAC 5423	Penetrant Inspection
Chemical Testing	Process Solution Control

Lockheed/Martin (LMAMMC), current approvals are listed in QCS-170/001

QCS-170/001	Control of Processes
Mil-Std-6866	Penetrant Inspection (Not for F-22)
NDTS 1101	Penetrant Inspection (Not for F-22)
NDTS 1101	Pre-Penetrant Etch, Aluminum
Mil-A-8625	Chromic Acid Anodize Type I
Mil-A-8625	Sulfuric Acid Anodize Type II
Mil-C-5541	Chemical Conversion Coating
Mil-F-18264	Prime & Paint

Visionaire Corporation

Quality System approval for all processes

Kaiser Aluminum

Quality System approval

Clean and Etch procedure on Automotive components

We currently offer the following processes for both Military and Commercial:

Anodic Coatings per Mil-A-8625F

Anodize Type I, Class 1
Anodize Type II, Class 1 and Class 2
Anodize Type II, Class 2 Non-Reflective Black
Anodize Type III, Class 1, and Class 2

Seal Options

Dilute Chromic
Dichromate
Di
Nickel Acetate
Teflon Impregnation

Chromate Conversion Coating per Mil-C-5541E

Chromate Conversion Coating Type 1A and 3 (Multi-Colored)
Chromate Conversion Coating (Colorless)

NDT Services

Fluorescent Penetrant Inspection per Mil-Std-6866

Prime and Paint Facilities

Prime and Paint application per Mil-F-18264 using the following products

MMS 423/MMS 425

Mil-P-85582 Type I, class 2

Mil-P-23377

BMS 10-79 Type III, grade A, Classs A (DMS-2144)

FR Primer (DMS 1786)

Waterborne Primers

Waterborne Primers

Polymide Primer

Impact Resistant primer

Fuel Resistant

Top Coats

Mil-C-85285, Type I

Teflon Coatings

DMS 2433

Mil-C-27725

Epoxy Top Coat

Fuel Tank Coatings

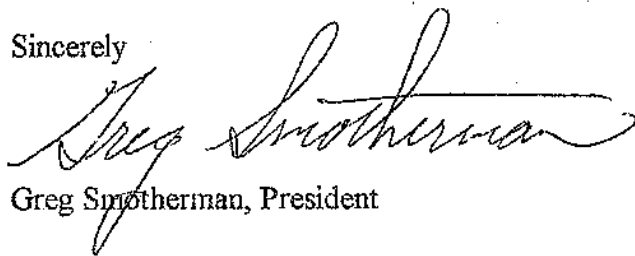
Dry Films

Mil-L-46010

Mil-L-8937

We look forward to the opportunity to serve you. If you would like additional information, please contact Pat King at (573) 885-3018 or 1-800-413-0011 or Fax (573) 885-3029. Thank you

Sincerely



Greg Smotherman, President

HW/ENF MOR000008037
HWP



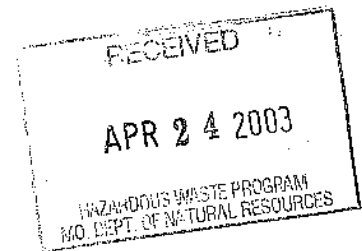
Bob Holden, Governor • Stephen M. Mahfood, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.state.mo.us

April 24, 2003

Mr. Greg Smotherman, Sr.
Ozark Mountain Technologies, Inc.
P.O. Box 680
Cuba, MO 65453



Re: Return to Compliance

Dear Mr. Smotherman, Sr.:


This office has reviewed your response to Notice of Violation #5433 issued on April 4, 2003. The Notice of Violation was issued for violations observed during the March 27, 2003, hazardous waste inspection at Ozark Mountain Technologies, Inc. (Ozark) located in Cuba, Missouri.

A review of the material submitted shows that Ozark has eliminated the listed violations and appears to have returned to compliance with the applicable state and federal Hazardous Waste Management Regulations.

If you have any questions or comments regarding this letter, please contact me at (573) 751-2729.

Sincerely,

JEFFERSON CITY REGIONAL OFFICE


Stanley J. Thessen
Environmental Specialist

SJT:ck

c: Kathy Flippin, Hazardous Waste Program



Integrity and excellence in everything we do



Greg Smotherman Sr.
President

109 Midland Dr.
Cuba, MO 65453

OZARK MOUNTAIN
TECHNOLOGIES, INC.

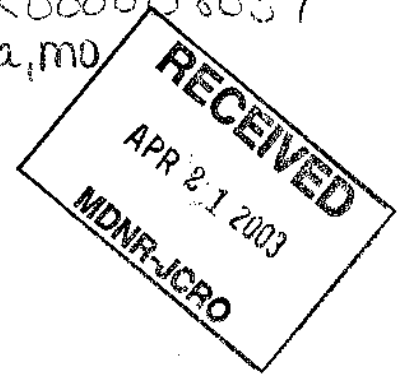
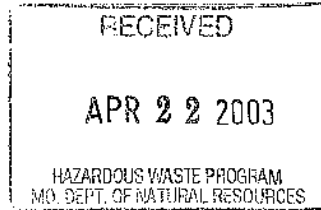


800-413-0011
573-885-3018

Fax: 573-885-3029

HW/ENF Ozark Mountain Technologies
MAR000008037
Cuba, MO

April 11, 2003



Mr. Stan Thessen
Department of Natural Resources
Jefferson City Regional Office
c: Ms. Kathy Flippin
Chief, Enforcement Unit, Hazardous Waste Program
P.O. Box 176
Jefferson City, MO 65102

Mr. Stan Thessen,

Please correct the information that is in the hazardous waste streams list, number six (alodizing should read chromate conversion coat).

Violation 1A: Corrective Action

Satellite storage containers were identified for content use, DOT sticker, which includes the words "HAZARDOUS WASTE". The date put into use which will be updated when container is emptied into final storage. The final storage container is identified with container-once again, DOT sticker which also includes the words "HAZARDOUS WASTE". The new date is put on that container and sealed with clamp down ring. Final storage will not be stored more than 180 days from the beginning date of use.

Completion Date: 4/3/03 Note: See exhibit photo marked 1A and 1A2

Violation 1B: Corrective Action

Satellite storage container was set up in the masking area. It was identified with the content use, sticker with "HAZARDOUS WASTE" and the date the container was put into use. The content will be kept sealed with metal clamp down ring when not being added to. All requirements will be met on storage time, methods for satellite, and final storage.

Completion Date: 4/10/03 Note: See exhibit photo marked 1B

Violation 2: Corrective Action

A company meeting was held on 4/8/03, at that time we explained to all of our employees the requirements for the storage of all hazardous waste. We also discussed the importance of keeping hazardous containers sealed at all times. Note: See exhibit photo 2A1, 3A2 and 4A

Violation 3: Corrective Action

I have went over the package and label requirements with the chemist, which handles the hazardous waste. He is setup to mark and label satellite storage as required.

Completion Date: 4/3/03 Note: See exhibit photo marked 31A and 3A2

Violation 4: Corrective Action

The chemist has all of the requirements for satellite and final storage of hazardous waste.
Completion Date: 4/1/03 Note: See exhibit photo marked 1B, 2A, 3A2 and 4A

Violation 5: Corrective Action

The chemist has incorporated all of the requirements for satellite and final storage of hazardous waste.
Completion Date: 4/3/03 Note: See exhibit- photo attachments

Violation 6: Corrective Action

All employees were well informed of the storage requirements in our plant meeting held on 4/1/03. The chemist will also meet all of the requirements for final storage.
Completion Date: 4/1/03

Violation 7: Corrective Action

I have instructed the painters to stop on cleaning or removing paint booth filters as soon as one drum is filled it is to be sealed and marked with weight in pounds. After it is marked it will go into final storage, with changing the date to the exact date that it was moved into final storage. Once it is completed, they can go back to cleaning or changing the filters in the booth.
Completion Date: 4/1/03

Violation 8: Corrective Action

Painters and Chemist have been instructed of all proper labeling requirements for hazardous waste satellite and final storage.
Completion Date: 4/1/03

Violation 9: Corrective Action

An air horn has been placed in the hazardous waste storage area with a sign placed on it.
Completion Date: 4/10/03 Note: See exhibit photo marked 1A

Violation 10: Corrective Action

The chemist has met with hazardous waste hauling companies and informed them of information required on all manifest. The chemist has also been instructed to not load hazardous waste on truck until manifest is completely filled out with all required information.
Completion Date: 4/9/03

Violation 11: Corective Action

The chemist has met with hazardous waste hauling companies and informed them of information required on all manifest. The chemist has also been instructed to not load hazardous waste on truck until manifest is completely filled out with all required information.

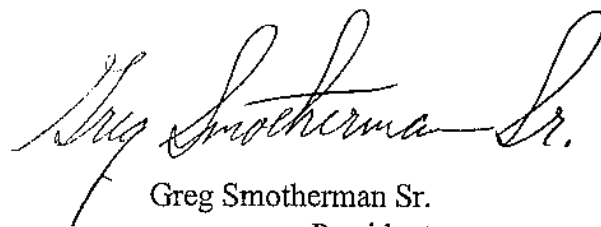
Completion Date: 4/9/03

Violation 12: Corrective Action

The chemist has been instructed to list all items in pounds that are scheduled for hazardous waste disposal.

Completion Date: 4/9/03

If you have any questions or comments, please contact me.

A handwritten signature in cursive script, reading "Greg Smotherman Sr.", written in black ink.

Greg Smotherman Sr.
President

PHOTO 1A1



PHOTO 1A2



PHOTO 1B



PHOTO 2A1



PHOTO 2A2



PHOTO 3A1

HAZARDOUS WASTE				174 USE	DOC #
STATE AND FEDERAL LAW PROHIBITS IMPROPER DISPOSAL OF HAZARDOUS WASTE. CONTACT THE HAZARDOUS WASTE PROTECTIVE AGENCY FOR THE U.S. ENVIRONMENTAL PROTECTION AGENCY.				MOR000008037	00044
UN D001: 2997 FINE TUNE				Clark Mountain Tech 105 Mulland Drive P.O. Box 500 Cuba, MD 20643 Phone: 301-505-3010	
NO D002				NAN # AR1270007	
DOT SHIPPING NAME				LINE: 1101	
RD, Hazardous Waste Solid, N.O.S. (Chromic / Perm. S.				PROFILE # 0111-10521	
NA3077, PG. 10, (2002)				COMPOSITION	
NATIONAL NAME					
Tubes & Part Set					
HAZARDOUS PROPERTIES				HAZARDOUS CHARACTERISTICS	
CORROSIVE <input checked="" type="checkbox"/> FLAMMABLE <input type="checkbox"/> TOXIC <input type="checkbox"/> REACTIVE <input type="checkbox"/> OTHER <input type="checkbox"/>				HAZARDOUS CHARACTERISTICS	
CLASS 1 <input type="checkbox"/> CLASS 2 <input type="checkbox"/> CLASS 3 <input type="checkbox"/> CLASS 4 <input type="checkbox"/> CLASS 5 <input type="checkbox"/>					

PHOTO 3A2



PHOTO 4A



PHOTO 9A





Arkansas Department of Environmental Quality
Hazardous Waste Division
P.O. Box 8913, Little Rock, AR 72219-8913
Telephone: (501) 682-0833

5

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MO000008037	Manifest Document No. 08063	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address 109 Midland Drive P.O. Box 580 Columbia, MO 65453				A. State Manifest Document Number AR-1381881	
4. Generator's Phone () 573-885-3010 Attn: Jim Cooley				B. State Generator's ID 031606	
5. Transporter 1 Company Name Tri-State Motor Transit Co				C. State Transporter's ID 011	
6. US EPA ID Number MOD095038998				D. Transporter's Phone H-800-334-2700	
7. Transporter 2 Company Name				E. State Transporter's ID	
8. US EPA ID Number				F. Transporter's Phone	
9. Designated Facility Name and Site Address RINEX O 1007 Viduan Road Benton, AR 72015				G. State Facility's ID RRAR02	
10. US EPA ID Number ARD981057870				H. Facility's Phone 501-778-0325	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
Waste: Plastic Coated Material, 3, 000 LBS, PG III		001 DM	00531	P	0001/0007/0005
HAZ. Hazardous Waste Solid, Toxic (Chronic / Dermal), 3, 000 LBS, PG III, (5007)		010 DM	00889	P	0007/0005
HAZ. Hazardous Waste Liquids, 110 LBS, 9, HAZ. SOLID, PG III, (5007)		001 DM	00492	P	0007
d.					
11a) Identification for Manifests: Plastic Waste				11b) 011-10511 ERM/171 Filters & Paint Dust	
11c) 0301-03350 ERM/171 NON-FUELS: Black Dye				11d) 0301-03350 ERM/171 NON-FUELS: Black Dye	
If no alternate TSDF, return to generator DTU Date 4/90 9:00 AM L. Cooley 8/975				MO6104141	
15. Special Handling Instructions and Additional Information MO Trailer Lic# NA 11-2 #908 MO Lic# 24062					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name JIM COOLEY		Signature <i>Jim Cooley</i>		Month Day Year 04 09 03	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Jim Cooley</i>		Month Day Year 04 09 03	
Printed/Typed Name Jim Cooley		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

OZARK MOUNTAIN TECHNOLOGIES

HAZARDOUS WASTE MANIFEST LIST

Manifest	Date	Manifest	Date	Manifest	Date	Manifest	Date
00001	07-23-96	00025	07-21-98	00048	11-20-00		
00002	07-23-96	00026	08-18-98	00049	02-06-01		
00003	09-17-96	00027	09-16-98	00050	04-03-01		
00004	skipped	00028	10-13-98	00051	05-03-01		
00005	11-12-96	00029	11-10-98	00052	07-27-01		
00006	11-12-96	00030	12-29-98	00053	10-23-01		
00007	03-04-97	00031	01-26-99	00054	11-29-01		
00008	03-04-97	00032	02-25-99	00055	01-23-02		
00009	04-03-97	00033	03-24-99	00056	02-13-02		
00010	05-28-97	00034	04-21-99	00057	03-07-02		
00011	06-10-97	00035	05-18-99	00058	04-17-02		
00012	06-10-97	00036	06-14-99	00059	05-22-02		
00013	07-22-97	00037	07-21-99	00060	07-08-02		
00014	09-17-97	00038	09-21-99	00061	09-13-02		
00015	09-17-97	00039	11-22-99	00062	12-26-02		
00016	11-11-97	00040	12-21-99	00063	04-09-03		
00017	11-11-97	00041	01-26-00				
00018	02-04-98	00042	03-21-00				
00019	02-04-98	00043	skipped				
00020	03-05-98	00044	05-09-00				
00021	04-01-98	00045	07-06-00				
00022	04-28-98	00046	08-29-00				
00023	05-27-98	00047	10-19-00				
00024	06-23-98	00048	11-20-00				

HAZARDOUS WASTE
MANIFEST #00063
4/9/03





1301 Gervais Street - Suite 300
Columbia, South Carolina 29201
CUSTOMER NO.



DUNS NO. 05-397-8551

FED. ID NO. 396090019

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP. ✓	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
573-443-5412	MARK BARNES	06/07/03	03-15	03	002316977
			CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
			D	345.53	
BUSINESS TYPE		CHAIN	OUTER COUNTRY	SVC. P/C	PROD.
09		0000	YES	0004	000
LOCATION			TAX EXEMPTION NO.		
504201					

CUSTOMER INFORMATION

B I L L T O

02ARK MOUNTAIN TECH.

109 MIDLAND DR.
CUBA MO 65453

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
4/1/03	26753		400-413-2011	24-140-2122	28		.07475	.07475	.07475

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS			CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS:INITIAL)	CHANGE SKW DATE	INV. CODE	PROMO NO.
									CLEAN/SPENT	# OF CONT.	SK DOT						
1	0000000	0000149		1	242.50	19.42	262.92	0.00	XX	XX			0				
2	0000000		E.0000	1	5.90	0	5.90		XX	XX			0				
3	0000000		E.000	1	59.00	4.41	63.41										
4																	
5																	
6																	
7																	
8																	
9																	
0																	
1																	
2																	

Trans 1 to #
(-LP179133)

TOTAL SERVICE/PRODUCTS				262.50	19.42	282.92	0.00	CHECK APPROPRIATE BOXES	GOOD	PDDR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
				327.40	24.05	351.45		MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
USEPA TRANSPORTER 1 ID NO.				USEPA TRANSPORTER 2 ID NO.				GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.							
MOD980971626								MOD9800008037	031606							

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT W/TOL	SK DOT NUMBER	5112055	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:	
NA waste Paint Related Material 3 UM263 PG11 (00015E164123) 12001, 12005, 12006, 12018, 12035, 12039, 12040, F003, F005, 12001, 12005, 12006, 12018, 12035, 12039, 12040										1	AM	175	P	3284		0 TO 220 LBS./MONTH
															INITIALS	
															220 LBS. TO 2,200 LBS./MONTH	
															INITIALS	
															GREATER THAN 2,200 LBS./MONTH	
															INITIALS	

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN 633 E. 13th St. Dorton IL 60419	I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.	USA EPA ID NO. JLO980613913 STATE ID NO. 031069006
--------------------------------------	---	---	---

RECEIVED DATE TIME	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	MANIFEST NO.		I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS. *This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.*	TOTAL CHARGE (FROM ABOVE)
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	XXXXX	WASTE MIN. (FROM ABOVE)		
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$	LDR MESSAGE		TOTAL DUE
					LDR NOT REQ'D		351.43
PREVIOUS CREDIT CARD NO.				MANIFEST CODE	SEQ #	Print Customer Name JIM COOLEY By: J. Cooley Customer's Authorized Representative	DO NOT WRITE IN THE AREA BELOW
					11		
CREDIT CARD NO.		AMEX VISA MC	EXP. DATE	IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)			0023169779 0002-6910-64
CUSTOMER REFERENCE INFORMATION							



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
**NOTICE OF VIOLATION PURSUANT TO REQUIREMENTS OF THE MISSOURI
HAZARDOUS WASTE MANAGEMENT LAW, RULES AND REGULATIONS**

FACILITY NAME Ozark Mountain Technologies, Inc.		RECEIVED APR 11 2003		NOTICE OF VIOLATION NUMBER 5433
ADDRESS 109 Midland Dr.	CITY Cuba	STATE MO	ZIP CODE 65453	
EPA ID NUMBER MOR00008037	MISSOURI ID NUMBER 031606	HAZARDOUS WASTE PROGRAM MO. DEPT. OF NATURAL RESOURCES		DATE OF INSPECTION 3-27-03

During an inspection and/or a review of information or documentation completed this date to determine compliance with the requirements of the Missouri Hazardous Waste Management Law, Sections 260.350-260.550, RSMo and/or the Rules and Regulations at 10 CSR 25, the following violations were identified. The 40/49 CFR regulations cited below have been adopted by reference in the Missouri Hazardous Waste Regulations.

CITATION	DESCRIPTION OF VIOLATION
1. 40 CFR 262.11	Failure to determine if waste is hazardous.
2. 40 CFR 265.173(a)	Failure to keep containers closed in storage.
3. 10 CSR 25-5.262(2)(C)1	Failure to package/label/mark waste per DOT during entire on-site storage period.
4. 40 CFR 262.34(a)(2)	Failure to mark containers with the date of accumulation.
5. 40 CFR 262.34(a)(3)	Failure to mark containers with the words "Hazardous Waste".
6. 40 CFR 265.173(a)	Failure to keep containers closed in satellite accumulation.
7. 40 CFR 262.34(c)(1)	Greater than 55-gallons of hazardous waste accumulated in satellite accumulation.
8. 10 CSR 25-5.262(2)(C)3	Failure to mark satellite containers identifying contents and beginning date of accumulation.

This information is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order issued pursuant to Section 260.410, RSMo and may not be a complete listing of all violations which may be identified as a result of this inspection.

The owner/operator is hereby requested to submit in writing within 15 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken _____ to:

Hazardous Waste Program, Enforcement Section, Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102,
with a copy to _____ Jefferson City _____ Regional Office, _____ P.O. Box 176, Jefferson City, MO 65102.

If you have any questions about this notice or wish to discuss your response, you may call me at 573-751-2729.

Signature of Preparer: Stanley J. Thessen Date: 4-3-03

Printed Name of Preparer: Stanley J. Thessen Environmental Specialist III

The undersigned person hereby acknowledges that he/she received a copy of this Notice and has read same.

SIGNATURE (PERSON RECEIVING NOTICE)	PRINTED NAME (PERSON RECEIVING NOTICE)
Sent Certified Mail # 7001 2510 0005 5346 4667	GREG SMOTHERMAN SR.
TITLE OR POSITION PRESIDENT	DATE 4/7/03



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
**NOTICE OF VIOLATION PURSUANT TO REQUIREMENTS OF THE MISSOURI
HAZARDOUS WASTE MANAGEMENT LAW, RULES AND REGULATIONS**

FACILITY NAME Ozark Mountain Technologies, Inc.		NOTICE OF VIOLATION NUMBER 5433	
ADDRESS 109 Midland Dr.	CITY Cuba	STATE MO	ZIP CODE 65453
EPA ID NUMBER MOR000008037	MISSOURI ID NUMBER 031606	DATE OF INSPECTION 3-27-03	

During an inspection and/or a review of information or documentation completed this date to determine compliance with the requirements of the Missouri Hazardous Waste Management Law, Sections 260.350-260.550, RSMo and/or the Rules and Regulations at 10 CSR 25, the following violations were identified. The 40/49 CFR regulations cited below have been adopted by reference in the Missouri Hazardous Waste Regulations.

CITATION	DESCRIPTION OF VIOLATION
9. 40 CFR 265.34(a)	Failure to provide a device in the hazardous waste storage area capable of summoning emergency assistance.
10. 10 CSR 25-5.262(2)(B)1	Failure to list the generator's Missouri and EPA identification numbers on the manifests.
11. 10 CSR 25-5.262(2)(B)1&2	Failure to list the transporter's Missouri identification number on manifests.
12. 10 CSR 25-5.262(2)(B)1&2	Failure to designate the specific gravity.

This information is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order issued pursuant to Section 260.410, RSMo and may not be a complete listing of all violations which may be identified as a result of this inspection.

The owner/operator is hereby requested to submit in writing within 15 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken _____
to:

Hazardous Waste Program, Enforcement Section, Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102,
with a copy to Jefferson City Regional Office, P.O. Box 176, Jefferson City, MO 65102.

If you have any questions about this notice or wish to discuss your response, you may call me at 573-751-2729.

Signature of Preparer *Stanley J. Thessen* Date: 4-3-03

Printed Name of Preparer: Stanley J. Thessen Environmental Specialist III

The undersigned person hereby acknowledges that he/she received a copy of this Notice and has read same.

SIGNATURE (PERSON RECEIVING NOTICE) Sent Certified Mail # 7001 2510 0005 5346 4667	PRINTED NAME (PERSON RECEIVING NOTICE) <u>GREG SMOTHERMAN SR.</u>
TITLE OR POSITION <u>PRESIDENT</u>	DATE <u>4/7/03</u>

HW/inf



Bob Holden, Governor • Stephen M. Mahfood, Director

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

P.O. Box 176 Jefferson City, MO 65102-0176

January 29, 2002

Mr. Greg Smotherman
President
Ozark Mountain Technologies,
Incorporated
P.O. Box 680
Cuba, MO 65453

RE: Exempt Resource Recovery Certification

Dear Mr. Smotherman:

The Missouri Department of Natural Resources, Hazardous Waste Program (HWP), Permits Section has reviewed your letter dated January 21, 2002, notifying the department of the exempt status of resource recovery activities taking place at Ozark Mountain Technologies, Incorporated (OMTI). Based on the information provided, the HWP acknowledges the exempt status of the facility.

Please be aware that as an exempt facility, OMTI is still subject to the following conditions:

1. OMTI shall notify the HWP, Permits Section of any changes in the quantity or type of waste managed at the facility.
2. OMTI shall manage all hazardous waste in accordance with applicable state and federal regulations.
3. OMTI shall contact the department in order to obtain resource recovery certification if the facility no longer meets the criteria for an exempt resource recovery facility.

Please be aware that the quarterly Facility Summary Report required for certified resource recovery facilities does not need to be submitted for facilities exempt from 10 CSR 25-9.020 (resource recovery). The Generator's Hazardous Waste Summary Report will still have to be submitted.

Mr. Greg Smotherman

January 29, 2002

Page 3

bc: HWP-Enforcement Section



HW/enf



Bob Holden, Governor • Stephen M. Mahfood, Director

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

P.O. Box 176 Jefferson City, MO 65102-0176

January 29, 2002

Mr. Greg Smotherman
President
Ozark Mountain Technologies,
Incorporated
P.O. Box 680
Cuba, MO 65453

RE: Exempt Resource Recovery Certification

Dear Mr. Smotherman:

The Missouri Department of Natural Resources, Hazardous Waste Program (HWP), Permits Section has reviewed your letter dated January 21, 2002, notifying the department of the exempt status of resource recovery activities taking place at Ozark Mountain Technologies, Incorporated (OMTI). Based on the information provided, the HWP acknowledges the exempt status of the facility.

Please be aware that as an exempt facility, OMTI is still subject to the following conditions:

1. OMTI shall notify the HWP, Permits Section of any changes in the quantity or type of waste managed at the facility.
2. OMTI shall manage all hazardous waste in accordance with applicable state and federal regulations.
3. OMTI shall contact the department in order to obtain resource recovery certification if the facility no longer meets the criteria for an exempt resource recovery facility.

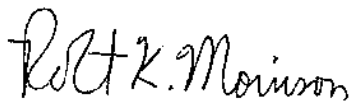
Please be aware that the quarterly Facility Summary Report required for certified resource recovery facilities does not need to be submitted for facilities exempt from 10 CSR 25-9.020 (resource recovery). The Generator's Hazardous Waste Summary Report will still have to be submitted.

Mr. Greg Smotherman
January 29, 2002
Page 2

If you have any questions concerning this matter, please contact Mr. Michael C. Ambrose of my staff at (573) 751-3553.

Sincerely,

HAZARDOUS WASTE PROGRAM

A handwritten signature in cursive script that reads "Robert K. Morrison".

Robert K. Morrison, P.E.
Acting Chief, Permits Section

RKM:mam

c: St. Louis Regional Office

Mr. Greg Smotherman

January 29, 2002

Page 3

bc: HWP-Enforcement Section



1